University of Alberta

THE LIVED EXPERIENCE OF WELL-BEING AND LEARNING IN ORGANIZATIONS: THE STORIES OF NURSE PRACTITIONERS

by

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Abstract

This is a qualitative, interview-based study involving twelve voluntary Nurse Practitioners (NPs) employed in a large Canadian health care organization. The purpose of this study is to determine how this group of employees views the interrelationships between well-being and learning within the context of their work in Canada's contested and rapidly-changing health care system. Feminist poststructural philosophy has guided analysis of data collected from semi-structured individual and focus group interviews.

Findings suggest that learning pervades all aspects of the participants' work. It serves to expand their knowledge which is linked to well-being because, by enacting this knowledge, they can participate more fully in organizing activities. These NPs do, however, experience tension while negotiating certain conditions within the contexts of their work. More precisely, three conditions impacting their well-being and learning have been uncovered: interdisciplinary teamwork; work intensification; and underemployment.

This study shows that NPs learn to ignore, comply with, resist, or change conditions of their work, including micro-political relations, workloads, and perceptions. These 'learnings' may help NPs understand that they are subject to common work conditions that impact their well-being and learning. This understanding may help them to question and conceivably alter basic assumptions about knowledge development, possibly through forums for open discussion and collective strategizing, which may impact change at broader organizational levels.

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Table of Contents

Chapter One
Introduction to the Study 1
Background: Linking Learning and Health in Work 1
Coming to the Question of the Study 2
Key Concepts 4
The meaning of Nurse Practitioner 4
The meaning of well-being 5
The meaning of workplace learning 5
The meaning of work 6
The meaning of workplace 6
Significance of the Study 7
Significance to educators and administrators in organizations 8
Significance to women in the workplace 8
Significance for scholarly knowledge 9
Organization of the Thesis 9

Chapter Two
Questioning the Literature Related to Well-Being and Learning in the Workplace 11
Employee Well-Being in the Workplace 11
Shifting the gaze from a 'healthy' workplace to employee well-being 12
Work health problems 13
The psychology of well-being 15
Socioenvironmental awareness 15
Summary 16
Well-Being and Learning at Work in the 'New Economy' 17
Defining learning at work 18
Learning at work 18
Work relationships 18
Job design 19
Engagement 20
Value congruency 21
Competence 22
Job control 23
Summary 24
Women, Learning, and Well-Being in the Workplace 24
Work, learning, and well-being in women 25
What are organizations doing to support well-being and learning for women? 26
Key Themes and Questions Arising from the Critique of Well-Being and Learning Literature 27

Chapter Three
The Process of the Study 29

Approaching the Research 29
Feminism 30
Feminist postsructuralism 31
How did this task unfold? 34
Reflexivity 35
Deciding Who to Involve 36
Describing the Participants 38
Explaining the Research Procedures 40
Interview procedures 40
Interview considerations 41
Questions 41
Trust 42
Listening 43
Ensuring Data Trustworthiness 44
Interpreting the Narratives 45
Part/whole relationships 45
Reflection 46
The written report 47
Recounting Ethical Considerations 48
Conclusion 49

Chapter Four
Experiencing Well-Being at Work **50**
How is the Work of NPs Organized? 50
Clinical practice 51
Administration 52
Education 52
Research 53
Consultation 54
Summary 55
What is Well-Being According to these Workers? 56
The antithesis of well-being 57
Experiencing physical vitality 58
Enjoyment of work and home 58
Balance outside work 59
Balance at work 59
Being confident and acting upon what they enjoy 60
Experiencing a sense of control 62
Deriving a sense of meaning or purpose from work 64
Connecting with patients and families 64
Connecting with other nurses 65
Experiencing opportunities to be creative 66
Personally growing and developing 66
Summary 67
Conclusion 68

Chapter 5
Interrelationships of Employees' Experiences of Well-Being and Learning in the Workplace **70**
What Forms of Learning do these Workers Experience in their Workplace? 70
Studied learning 71
Academic 71
Purposeful 73
Activity driven 74
Incidental 74
Situational 76
Summary 78
How do Individuals View the Relationships between Well-Being and Learning at Work? 79
Work relationships 80
Social ties 80
Shared values 81
Job design 82
Work-life balance 82
Opportunities to learn at work 82
Competence 83
Job Control 85
Summary 86
Conclusion 87

Chapter Six
Workplace Contexts that Shape Experiences of Well-Being and Learning **89**
Workplace Structures Affecting Well-Being and Learning 89
Condition 1: The interdisciplinary team 90
Tensions that emerged from hierarchical team practices 92
Decision making 92
Communication 93
Condition 2: Work intensification 94
Unpredictability 94
Blurred boundaries 95
Linking work intensification to well-being and learning at work 96
Exploitation 97
Exploration 99
Condition 3: Underemployment 101
Performance and credential gaps 102
Subjective underemployment 102
Linking underemployment to well-being and learning at work 104
Opportunities for learning at work 105
How do NPs Negotiate the Conditions of their Work? 106
Learning patterns of avoidance 107
Learning to negotiate workloads 107
Learning to change their work environment 108

Learning to develop relationships 109
Learning to educate others 110
Discussion: Embedded Conditions, New Understandings 111
The interstitial space 112
Gender-based issues 114
Women's learning at work 116
NPs: Socialized learners 118
Conclusion 119

Chapter Seven
Conclusions on Well-Being and Learning in the Workplace 120
Key Findings and Further Insights 120
Summary of key findings 120
Key learnings about well-being and learning at work 121
Significance of the Study: Implications for Practice and Research 126
Recommendations for adult educators in the workplace 126
Recommendations for NPs 127
Recommendations for policy 127
Recommendations for health care organizations 128
Suggestions for further research 129
Reflecting on My Research 130
What I learned 130
Reflecting on my own practice 131

Bibliography 133

Appendices
A: Letter of Invitation 145
B: Guide for Individual Interview Questions 146
C: Guide for Group Interview Questions 147
D: Reflective Journal Entries 148
E: Consent 1: Group Interview 149
F: Consent 2: Reflective Journal Review 150
G: Information Letter 151
H: Consent 3: Single Person Interview 154
I: Transcriber Confidentiality Agreement 155

Chapter One

Introduction to the Study

How is our well-being influenced by our participation in the discourses, practices, and activities of our work environments, the orderings and arrangements of which exercise so much control in our experiences of learning at work? This is a complex question, one that is beginning to emerge in adult education and labour studies literature (e.g., Bratton, Helms Mills, Pyrch, & Sawchuk, 2004; Fenwick, 2006; Howell, Carter, & Schied, 2002; Mojab & Gorman, 2003; Ng & Cervero, 2005; Probert, 1999; Spencer, 2001; Spencer & Taylor, 2006). It is a question that should be particularly relevant to those who can help steer the discourses, activities, and practices affecting what knowledge is considered important, and consequently can impact how workers experience well-being, and what they learn at work. These are the innovators, managers, change enthusiasts, and human resource developers who sometimes uncritically engage in the onerous task of knowledge development in organizations. Those drawing from productivity-centred approaches to innovation and change may even fear increased worker creativity and control of knowledge as threats to organizational efficiency and competitive advantage. Productivity-centred language of innovation and change is fast becoming the language of organizational health, and it has more recently been linked to employee health or well-being (e.g., Brisbois, 2003; Lowe, 2002; Lowe, Schellenberg, & Shannon, 2003). This link between organizational health and employee well-being is notably prevalent in the healthy workplace literature. As an emerging field of study, the notion of healthy workplace needs to be expanded to gain understanding into how employees experience well-being and its related forms of learning, topics which to date have not been explored widely.

Background: Linking Learning and Health in Work

The healthy workplace movement, with its strong connections to notions of learning communities, creativity, and organizational health, is fast becoming a priority for public and private sector organizations as they contend with the changing nature of work. Various authors have pointed out that a relationship exists between everyday work activities and well-being (LaMontagne, Herrick, VanDyke, Martyny, & Ruttenber, 2002; Pedersen, 2000; Shannon, Robson, & Sale, 2001; Trudeau, Deitz, & Cook, 2002). Their research has explored possible factors that contribute to worker injury and illness in workplaces, such as organizational practices, and occupational safety and health regulatory policy. Other authors have similarly investigated possible relationships between work experiences, worker well-being, and organizational health (Brisbois, 2003; Denney, 2003; Duxbury & Higgins, 2001; Koehoorn, Lowe, Rondeau, Schellenberg, & Wagar, 2002; Loughlin & Barling, 2001; Lowe, 2002; Lowe et al., 2003; Spence Laschinger, Finegan, Shamian & Almost, 2001).

Four intertwining threads from this research on work experiences and employee well-being are applicable to this research study. First, workplaces are uniquely stressful: pressures caused by flexibilization, accelerated competition, changing skill demands, and

technology are unprecedented (Duxbury & Higgins, 2001). Second, employees' sense of their work is declining, as they feel increasingly subjugated by organizational control (Denney, 2003). This increased control clearly benefits organizations; employees, however, experience job strain as a consequence of declining control over the type of work that they do, and how they perform it (Spence Laschinger et al., 2001). Third, employees' needs, including support and communication, are not being met. The result of this inattention to employees' needs is far reaching: frustration, lower morale, and disappearing loyalty have been observed, all of which are linked to absenteeism, turnover, and increased costs for stress-related illness (Koehoorn et al., 2002). Fourth, processes of learning in organizations are often described in softer terms of knowledge development and transfer which are, in turn, often linked with well-being (Koehoorn et al., 2002; Lowe et al., 2003). Evidence exists that organizations committed to the development and transfer of knowledge through employee learning find lower work-related illness and injury rates (Safety & Health Assessment & Research for Prevention, 2002); significantly higher employee job satisfaction, commitment, and morale; and lower absenteeism and intentions to quit (Lowe et al., 2003). Together, these four threads of work organization, along with the evidence surrounding work-related injuries and illness, coalesce to highlight several important messages about employee illness: it is prevalent in workplaces; it is perceived as a negative phenomenon; it is included in workplace discourses because it affects the organizational bottom line; and it is amenable to training.

These findings suggested that a complex relationship exists between two important dimensions prevalent in the discourse of workplace innovation: well-being and learning. I was aware that certain themes in this growing body of research troubled meWithin the literature of 'healthy' workplaces, well-being tended to be discussed in terms of managing illness or stress by providing training to help employees overcome their individual health liabilities. This negative focus not only ignored groups of employees who were well, but also defined 'health' in hollow terms, as the absence of illness. Further, the neutrality with which well-being and learning were regarded in the healthy workplaces research nullified an emerging body of adult education literature, which pointed out that well-being and learning, as socially defined constructions, were subject to the ways that employees experienced the conditions and structures of their workplaces (Bratton et al., 2004; Bouchard, 2006; Boud & Garrick, 1999; Butler, 1999; Ellstrom, 2001; Fenwick, 2006; Howell et al., 2002; Hughes-Bond, 1998; Mojab & Gorman, 2003; Probert, 1999; Probert & Wilson, 1993; Rubenson & Walker, 2006).

Coming to the Question of the Study

From my 18 years of nursing experience in various roles, including experience specific to health education, I brought to my research a perspective that values progressive human growth and development. As I saw it, because people spend so much of their time at work, their workplace experiences are connected to their growth and development in two ways: well-being and learning. Drawing from both my adult educational experiences and my nursing know-how, I was also intuitively aware of the

correlation between well-being and learning as affairs that were embedded in organizational activity, networks, community, and culture.

I had been intrigued for some time by the notion of a 'healthy workplace' as an ideal that incorporated both well-being and learning. However, early in this research process, as I engaged with this body of literature and reflected on what it was revealing to me, I realized that 'healthy' meant organizational effectiveness and organizational productivity: a 'healthy' workplace was often described as one whose bottom line results were 'healthy' compared to those of its competitors. 'Healthy' did not describe my own observations that, for employees, *workplaces were unhealthy*. For example, high turnover, employee absenteeism, and treatment of stress-related illness cost the Canadian economy an estimated 30 billion dollars per year (Global Business and Economic Roundtable on Addiction and Mental Health, 2004). Ironically, my own health related profession, nursing, was reported to be the least healthy occupational group. Among nurses, the rate of illness and injury-related absenteeism increased from 5.9 percent in 1987 to 8.6 percent in 2002. Time lost to absenteeism during 2002 was 19.6 million hours – the equivalent to nearly 11,000 full time positions (Office of Nursing Policy, 2004). This value exceeded that reported for all occupational groups, among which the rate of illness and injury-related absenteeism increased from 3.4 percent to 4.7 percent in similar years (Office of Nursing Policy, 2004).

Why was the nursing profession, which at a grassroots level was founded on promoting well-being, so unhealthy? This was a difficult question to answer and one that troubled me for some time. Drawing from the work of occupational psychologists Loughlin and Barling (2001), I came to understand that to begin to answer questions such as mine, I was compelled to study the relationships between everyday work experiences and well-being as told from the perspectives of nurses themselves, nearly 95 percent of whom were women (Canadian Institute for Health Information [CIHI], 2003).

The study I engaged in was a study of interrelationships between women's experiences of well-being, and their experiences of learning within the workplace. There were, therefore, three foci for my study: experiences of well-being, experiences of learning, and experiences of women, in the context of work as Nurse Practitioners (NPs) in Canada's contested and rapidly-changing twenty-first century health care system. The nature of my inquiry into these experiences was, in turn, interpretive. On this basis, I conducted interviews with women in nursing whom I understood, from my own observations, to have a language for well-being. The following questions provided a focus for my analysis of the interview narratives:

1. What is well-being, according to workers?
2. What forms of learning do workers experience in organizations?
3. How do individuals view the relationship between their well-being and learning?
4. What are the conditions and structures of the workplace that impact worker well-being and learning?
5. How do individuals negotiate the conditions of their work to preserve a sense of well-being and create opportunities for learning in organizations?

Key Concepts

The concepts of Nurse Practitioner, well-being, workplace learning, work, and workplace are used throughout this and subsequent chapters reporting on this study. Their meanings are contested in the literature, a point that will become clear in the literature review in chapter 2, and the findings in chapters 4 and 5. The personal meanings attributed to each of these words by participants were difficult to delineate, in part because each participant had unique and shifting everyday experiences, which informed her narratives and conceptualizations. There was, however, a level at which representations of these experiences were shared among the study participants and I. It was from these shared representations, in combination with various reports from the literature, that the following conceptual meanings evolved.

The Meaning of Nurse Practitioner

"Nurse Practitioner" is an often confusing term. The role itself emerged in the 1960s; at that time government institutions employed NPs in remote, isolated communities, such as northern Canada, to compensate for the lack of physician presence. It was only in the past decade that there was a resurgence of NPs in other Canadian health care settings, such as acute care hospitals (Cummings, Fraser, & Tarlier, 2003). According to Reay, Golden-Biddle, and GermAnn (2003), the NP role has become prevalent for three reasons. First, need for specialized nurses to provide services that have previously been within the exclusive domain of medicine has arisen as a result of the shortage of physicians in particular practice settings. Second, as health care costs continue to increase, different governing bodies and employers are looking to employ lower cost providers. Third, many nurses are exploring different ways to advance their careers, and the NP role is an attractive choice.

There has also been a growing emphasis on promoting the health of Canadians at a broader level. More specifically, government attention at all levels is being directed towards the juxtaposition of institutional and non-institutional care within a framework of illness prevention, health promotion, and early intervention, as well as effective health human resource utilization (Canadian Nurse Practitioner Initiative [CNPI], 2006a). In an effort to expand this health focus and to improve access to health services for Canadians, the Canadian Nurse Practitioner Initiative (CNPI) has been established as one of five nationally funded initiatives aimed at determining "the most appropriate care by the most appropriate providers, in the most appropriate settings" (2006a, p.8). For example, NPs can manage nearly 83 percent of patient care issues (Way in Canadian Nurses' Association, 2002) and they evaluate illness differently, emphasizing disease prevention, health education, and health promotion (Mundinger, 1994). Even so, only 11 percent of Canadians aged 12 and older report having accessed health care through any category of nurse, including NPs, in the past year. This compares to 77 percent of those who chose consultation with physicians as an entry point (Carriere, 2005).

The CNPI has relied on focus group consultation with more than 5000 members of various health stakeholder groups, including NPs, nurses, and student nurses;

employers; federal, provincial, and territorial representatives; unions; and other health care personnel. Based on the findings of this focus group research, the term Nurse Practitioner is defined as follows:

> Nurse Practitioners (NPs) are registered nurses with additional educational preparation and experience who possess and demonstrate the competencies to autonomously diagnose, order and interpret diagnostic tests, prescribe pharmaceuticals and perform specific procedures within their legislated scope of practice. (CNPI, 2006a, p. 4)

It is this practice largely that distinguishes NPs from other groups of Registered Nurses (RNs). This is an important point to make, because NPs are often confused with Clinical Nurse Specialists (CNSs) by other health care personnel. While both NPs and CNSs have leading roles in the development of clinical guidelines, protocols, program development, consultation, and education of other health care professionals, NPs focus more on direct patient care in terms of management of conditions, health promotion, and disease prevention (Alberta Association of Registered Nurses, 2003). The findings of Stark (2006) support this distinction whereby NPs spend a significantly greater proportion of time in the expert clinician role than do CNSs, as is their preference ($p<0.001$).

The Meaning of Well-Being

The literature defining "well-being" has been outlined in detail in chapter 2. Three conceptualizations exist that demonstrate the dynamic views of well-being as it is linked to work. Based on these conceptualizations of well-being as absence of work-related stress, being happy and satisfied at work, working to full potential, and feeling empowered at work, I understand that well-being is a difficult concept to define. There are, though, many points of commonality in these conceptualizations. My own conceptualization of well-being shifted considerably, however, upon discovering that participants have very individual and different interpretations. I have therefore, in chapter 4, provided a more comprehensive definition of well-being in relation to work and learning as it applies to my study. This definition speaks to the multidimensional nature of well-being; its meaning is centred on aspects of awareness of work conditions, learning to act upon these conditions, and experiencing connectedness and optimism through the knowledge that these learnings and actions generate.

The Meaning of Workplace Learning

In the literature defining "workplace learning," as outlined in chapter 2, learning tends to be viewed as a change and expansion of ways of performing work that occurs in everyday activities, and in all aspects of life (Barnett, 1999; Billet, 2001). For example, work-based learning activities occur as formal planned activities, such as attending conferences, workshops, and work-related or vocational courses. Other activities, however, occur informally; these learning activities are less apt to be planned, and arise in the moments of performing the work, such as when NPs provide teaching to front-line nurses while administering patient care. This supports conceptualizations by Fenwick (2006) whereby workplace learning "signifies a change in consciousness or behaviour that expands…possibilities for flexible and creative action and occurs primarily in [the

practice-based, highly contextual, and socially embedded] activities and contexts of work" (p. 188). Learning, then, is not always the primary goal of the workplace, but a by-product of participation in the activities and relationships developing at work; therefore, any analysis of learning should be located within a wider analysis of the organizational context within which it is embedded (Bierema, 2001; Fuller & Unwin, 2005). This analysis occurs in detail in chapter 6.

The Meaning of Work

The work of NPs is outlined in detail in chapter 4. The term "work" is a broad and at times vague concept that is consequentially difficult to define. Eichler (2004) has explored five different conceptualizations of work in her research: conventional (paid activities); extended conventional (could be performed by a third party, is available on the labour market, and is paid for); goal achieving (future oriented activities); socially coercive (activities that are not freely chosen and controlled externally); and energy-driven (requires exertion of mental, physical, and emotional effort towards some end, such as producing goods and services). From her focus group data, in combination with her own understanding that people's work is impacted by their individually and socially constructed identities, Eichler has rested on the following definition of work: "Work is an activity that involves the expenditure of human energy that is undertaken in order to achieve some specific goal rather than performed solely for its own sake" (p. 9-10). Eichler argues that this definition makes the line between paid and unpaid work less significant because, as others indicate (e.g., Fuller & Unwin, 2005; Morehead, 2005), new forms of work organization are occurring. For example, there is widespread use of information and communication technologies (Levett, 2000), reformation of individuals' roles (Fuller & Unwin, 2005), and calls for multiple skills requirements and team building in professional work (Gorman, 2000). As a result of these new forms of work organization, boundaries between the conceptually separate types of work that people do are becoming blurred (Morehead, 2001). It is then, proposes Eichler (2004), not only important to address the issue of energy expenditure at work, but also to examine the issue of energy regeneration. Thus, a critical question to ask is "what type of work is totally depleting and leads to burn out, and under what circumstances work enables [people] to recharge, to regenerate" (Eichler, 2004, p. 11). This question supports the purpose of this present study.

The Meaning of Workplace

"Workplace" is most often referred to as the general work setting for employees. This conceptualization is misleading, argues Fenwick (2006), because it: 1) "signifies a stable, unitary, and identifiable location" (p. 187); and 2) ignores work that unfolds differently in other sites, such as within communities, and at home. In other words, workplace is more accurately defined as a space or distributed spaces of paid or unpaid activity, where people come together and expect to participate in moving towards common goals, however explicit or unidentifiable these may be. Workplace, therefore, is a highly contested term, given the absence of a single identifiable place for much of work that is performed. Further, workplaces vary so much between self-employment, small and

large organizations, and many additional forms, locations, and practices, that a single signifier workplace serves very little purpose. In this state of flux, workplaces become understood as situations drawing people together for common purposes rather than simply as physical locations (Gerber & Lankshear, 2000). It remains unclear, though, how employees experience well-being and learning in these situations.

The workplace in this study was understood to be a large organization represented by several primary, secondary, tertiary, and quaternary care health services provided at both institutional and community levels. The different institutions and community services that comprised this organization were once independently operated. However, with health care reform, these independently existing entities were brought together under the umbrella of one organization. The purpose of this reorganization was two fold: to minimize duplication of health care services, and to provide improved access to integrated services. As this workplace grew in size, the organization of work became more bureaucratic in nature. As a result workers were subject to formal hierarchies of information flow, and formal control over activities. Practices became highly standardized in terms of prescribed procedures, officially privileging scientific forms of knowledge above all. The workplace was also understood to be a busy, fast-paced organization associated with publicly funded health care. As such, its workers experience chronic pressures of high-stakes (life and death) problems, under-funding, strong public scrutiny, rapid technological change, and pressures to innovate: characteristics of which many are associated with work overload, high stress (Spence Laschinger et al., 2001), and depersonalization (Rogers, 2001).

Significance of the Study

There is a growing body of literature that calls for innovative work structures to meet the demands of today's competitive global marketplace (Koehoorn et al., 2003; Lowe, 2004; Lowe et al., 2003). Within this literature exists a belief that healthy workers impact the organizational bottom-line. It is prudent, however, to challenge these conceptualizations of worker health. This study of well-being and learning in the workplace is significant because it is important to re-conceptualize 'healthy' to include workplace practices, such as learning, that contribute to employee well-being. It is also important to interrupt neo-liberal notions of "healthy workplace" as an organization whose outcomes are "healthy" compared to those of its competitors, or whose employees' health is linked explicitly to their capital as human resources, and as contributors to organizational productivity. Following Fenwick (2004a), it is important, also, not to undermine initiatives to promote employee well-being through learning, but to expand their ethical accountability at the organizational level. This study may, therefore, be meaningful to both educators and administrators in organizations, as well as to women who work within these organizational structures. It intends to add to theory linking learning, well-being, and organizational work activity.

Significance to Educators and Administrators in Organizations

The findings of this study should contribute to increasing the sensitivity toward and understanding of implications for employee well-being and learning activities in the workplace. In terms of practice, the findings present an alternative perspective for professionals who share responsibility for knowledge development in the workplace. Educators and administrators, more specifically, may identify ways to support employee well-being and learning in the workplace. To better understand the positive interrelationships between well-being and learning is to better understand conditions conducive to well-being, and to more employee-friendly learning. This study has resituated employee well-being and learning as organizational sites of equality, such that a different and less techno-rational bottom line emerges. This alternate understanding then sets a foundation from which educators and administrators may support employees in determining what and how they learn at work, and it offers them a language to challenge traditional forms of workplace learning activities.

Significance to Women in the Workplace

Being a woman employed in an organization that emphasizes knowledge development can be an exhausting and stressful experience. A number of causes contribute this difficulty, such as conflicting role expectations between work and non-work lives, an ever-increasing climate of low job control (Howell et al., 2002; Morehead, 2005), and learning practices that Probert (2005) argues ignore the discontinuity of women's careers. My study examines the dynamics of interrelationships between well-being and learning from the perspective of women, analysing their experiences through a feminist, post-structuralist lens. Research in this mode is clustered around designs that give credence to finding voice and examining stories, providing support, and creating hope for the future (MacIntosh, 2002). This research design has allowed me to challenge certain forms of learning activities for women in the workplace. Learning is not a "one size fits all" concern; therefore, women cannot be essentialized in terms of their 'ways of knowing.'. They are all unique and their patterns of coming-to-know, while evidently distinct from men's, are also differentiated by structures of race, class, and sexuality as well as by individual dispositions and capacities. Yet, as studies have shown (Becker, 1985; Fenwick, 1998a; Howell et al., 2002; Hughes-Bond, 1998; Mojab and Gorman, 2003; Probert, 1999), women in the workplace continue to face particular forms of gendered work conditions, sometimes embedded in structures of workplace learning activity, that negatively affect their learning and their well-being. The findings of this study should, therefore, be significant for other groups of employed women, such as other nurses, because they provide a language to challenge current oppressive workplace discourses and practices. Further, this study should help nurses in particular to understand that they are subject to common work practices and conditions that impact their well-being and learning. This understanding may help them to resist and alter basic assumptions, such as the value of learning being related to productivity at the expense of employee well-being.

Significance for Scholarly Knowledge

Describing the processes and conditions through which learning occurs is obviously not new. But it is progressive to examine and question the conditions of our meaning making about experiences of well-being and of learning, and to observe the positive interrelationships between these phenomena. This examination and questioning extends existing workplace learning theories, and becomes a place from which to begin to work toward change. To better understand these experiences is to better understand the richness of human potential, creating hope for the future. Further, my study extends existing theories of well-being and learning in the workplace by observing how employees thrive in the workplace, how they experience a sense of well-being, and where they experience a sense of optimism around negotiating the conditions of their learning at work. More specifically, I show that employees learn to ignore, comply with, resist, or change certain conditions of their work, including micro-political relations, workloads, and perceptions. All of these "learnings" point to employees experiencing a sense of control, and having a voice that supports them in developing wholly within their work such that they are thriving (experiencing well-being).

This work extends understanding of the healthy workplace, and should help scholars and policy makers identify subtle ways that learning pressures themselves can both contribute to and undermine a sense of well-being. For example, employees' well-being and learning are impacted by the conditions of team work (hierarchical in nature where certain members are included as equal members, or are overlooked and taken for granted); work intensification (unpredictable and shifting nature of the work determined by others mis/interpreting work responsibilities); and underemployment (positively experiencing a "fit" or negatively experiencing misfit or misuse of work in accordance with level of education and scope of practice). By analysing these conditions, I show that people's very meanings of what is or should constitute well-being are, for them, a learned construction that sometimes works against their own health. Women employees specifically must contend with gender-based issues, such as socialized feminine identities, externally imposed standards, and work and family tensions. These findings extend existing literature, which shows that organizations are not doing enough to support women's well-being and learning in the workplace. One way to change this is by revealing the socially constructed nature of formal and informal processes that produce gendered knowledge, relations, and identities (Bierema, 2001; Myerson & Kolb, 2000). Drawing from other feminist post-structural researchers, the task of my study has been to identify the particular ways that concrete organizational practices produce gender inequalities, and how these then have become potential targets for experimentation and change (MacIntosh, 2002; Morehead, 2005; Myerson & Kolb, 2000). Learning in relation to well-being can then become a site for transforming organizational sites of equality, and is recast as experimenting with new, gender attentive practices.

Organization of the Thesis

This chapter provided an introduction to the issue addressed in the study, the study's background and key concepts, and the study's significance for research and

practice. Chapter 2 explores the literature related to well-being and learning in the workplace. This literature review is organized into three main areas of inquiry: employee well-being in the workplace, well-being and learning at work in the "new economy," and women, learning, and well-being in the workplace. This chapter ends with questions arising from the critique of this literature, all of which have guided the data collection and analysis procedures of this study. Chapter 3 describes the process of the study, including its procedures, and the feminist post-structural research framework that guides its design, conduct, and analysis.

Chapter 4 describes the work in which the study participants are engaged through their personal narratives of everyday experience, and the interpretive meanings they ascribe to these experiences. This exploration leads to an analysis of the interview data, viewed from one guiding question: What is well-being in work, as experienced by NPs? Chapter 5 extends descriptive analysis of participants' personal narratives in relation to learning at work. This analysis is viewed from two guiding questions: What forms of learning do they experience in their work? How do they view the relationship between their well-being and learning in work? Chapter 6 adds a critical layer of analysis of the data, viewing it through a feminist poststructural lens. This analysis illuminates the broader conditions, practices, and arrangements of the workplace that impact NPs' well-being and learning in organizations.

Chapter 7 concludes this work, highlighting major insights drawn from the study findings. More specifically, the conditions that are discussed in chapter 5 become a launching point from which to explore the possibilities of *what can be* in organizations in terms of well-being and learning, and also of what can be learned from the participants' narratives. As the study unfolded, it seemed for me that just as many questions were raised as those that had been answered. The questions that have been answered provide a platform for exploring alternatives for practice, while those that remain unanswered provide a basis from which to recommend suggestions for further research.

Chapter Two

Questioning the Literature Related to Well-Being and Learning in the Workplace

In chapter 1, I overview the literature that has informed my understanding of well-being and learning, and led me to the questions that guided my research. In this chapter, these questions organize the presentation of my understandings of the theoretical domains of well-being and workplace learning processes. In reviewing related literature about well-being and learning in the workplace, I have drawn from writings in health sciences, learning theory, and organizational development. This literature will be used to support an argument that not all learning is "healthy" from the perspective of employee well-being.

This chapter is divided into four sections. In the first section, I explore how well-being is conceptualized. I show that some literatures focus negatively on illness, while others look at more positive aspects of employee well-being. I have been able to abstract from these literatures indicators of well-being. In section two, I link these abstractions to the literature on learning in the workplace. I have highlighted from the workplace learning literature tensions that exist around organizational practices related to knowledge development in connection with employee well-being. In section three, these tensions are explored further in a discussion about women's well-being and learning in the workplace. This discussion explores the dynamics of these tensions, and converges on one message: well-being and learning at work are potential sites for experimentation and change. Section four highlights key themes emerging from the literature. These key themes provide additional insights that further inform the main questions that guide this study.

Employee Well-Being in the Workplace

Employee well-being has been extensively linked to the notion of a healthy workplace. This notion has arisen from a concern for worker well-being resulting from the health crisis that is threatening the viability of Canada's private and public sector organizations. A healthy workplace is defined as an environment whose culture, climate, and organizational practices promote employee mental health, productivity, and organizational effectiveness (Murphy & Sauter, 1995). Further, a healthy workplace has been described as a culture that integrates innovation and learning into the lives of employees (Canadian Labour and Business Centre, 2003; Koehoorn, Lowe, Rondeau, Schellenberg, & Wagar, 2002; Murphy & Sauter, 1995). From these definitions, it becomes clear that the organizational bottom line is an important driving force behind both employee well-being, and the healthy workplace movement. Employee well-being is being promoted internationally by different government bodies, administrators, managers, and human resource services to improve organizational bottom lines, so that organizations may remain competitive in the global marketplace. Organizational competitiveness is directly linked to knowledge development, of which learning is proposed as a panacea: learning is used to create new innovative (efficient, productive) work strategies, and learning is used as a tool to help employees overcome individual deficits (illnesses) that interfere with productivity.

One problem with this view of learning is the linkage of employee well-being and a healthy workplace to productivity benefiting the organization. In contrast, my priority interest is in employees' health and well-being, whether or not this benefits the organization's efficiency and productivity. The ways in which employee well-being and learning are being organized around knowledge development and organizational health, also referred to as organizational effectiveness, are problematic. Specifically, some current scholarly discussion lacks a focus on how the pressure for knowledge development, and consequently learning, constrains or enables employee well-being.

Literature addressing the healthy workplace suggests that employee well-being is a continuing, yet changing, focus for organizations. While organizations remain concerned with employee *physical* health status, some are shifting their gaze to *psychosocial* concerns of the workplace. The mindset underlying this added emphasis on employee psychosocial well-being can be captured in Lowe's (2003) statement:

> For years we thought that good health arose from a successful economy. But we had it backward: prosperity depends on a healthy workforce. So we must create truly healthy organizations that deliver the results desired by managers, investors, and employees. This winning formula closely links innovation, financial success, and employee well being (p.3).

Thus, a new bottom line emerges for organizations: organizational health and employee health, with the notion of a healthy workplace being promoted as a new ideal that can increase productivity and profits. The healthy workplace discourse then is not new, but just represents a new iteration of soft managerialism based on human capital ideology (Coffield, 2002). Employees' hearts, minds, and now health and well-being are raw capital to be harnessed and subjugated to organizational interests.

Shifting the Gaze from a 'Healthy' Workplace to Employee Well-Being

The focus of workplace well-being is changing from a focus on labour to a focus on organizing processes: structure, climate, culture, practices, philosophy, state of labour-management relations, and workplace health promotion activities (Glouberman, Kisilevsky, Groff, & Nicholson, 2000). As an example, in a report prepared for Health Canada that focuses on organizational change processes and strategies that bring about healthier and more productive working conditions, Lowe (2004) attempts to link healthy working environments with both improved outcomes for employees, and improved business results. He states that there is a convergence of health promotion (healthy organization) and management (high performance workplace) fields. This convergence of the healthy organization is characterized by commitment to a strong vision, people centred values, team work, customer service quality, management decisions based on information, employee involvement in decision making, open communication, support for individual learning and development, emphasis on innovation and creativity, and support for work-life balance (Lowe, 2004). In this report Lowe synthesizes data from various sources, such as Health Canada, the National Quality Institute, and The Wellness Councils of America, to highlight indicators for healthy workplaces. These include supportive organizational culture and values; commitment from top management; a broad

definition of health; a participative team approach; clear strategic goals tailored to the specific business context and unique workforce characteristics; ongoing support and committed resources for learning; and processes for evaluating and communicating outcomes (Lowe, 2004). Nothing in these indicators analyzes dynamics of employee well-being, such as individual experiences of wellness, workers' definitions of health standards and conditions, or organizational factors that impact worker well-being either positively or negatively. Rather, the indicators of a healthy workplace, as they stand in the Lowe report, rest on *assumptions* that well-being is produced by a supportive organizational culture and leadership, continuous learning, and employee participation. The leap then is to prescription, implementing strategic plans to promote well-being based on these assumptions which have no basis in empirical evidence.

The problem, note Glouberman and associates (2000), is that little theoretical work has been done on the concept of personal well-being in the past 20 years. In their exploration of literature they find that well-being is traditionally seen as a function of both the individual and primarily the physical environment. Yet well-being is suspected, particularly in complex and unpredictable contexts such as the workplace, to be multi-dimensional, with complex interrelationships existing between workplace environmental conditions, personal resources for support and control, social relationships, workplace culture, job design, and personal health practices (Health Canada, 2002). Stating that these relationships likely exist and understanding how they work to produce well-being of employees are two different things. Existing literature does not help us understand these relationships. However, three groups of studies help to identify important dynamics of human well-being linked to work: one is literature addressing work health problems (work-related stress); the second is literature focusing on the psychology of well-being (development of happiness and human potentials); and the third is literature pointing to socio-environmental awareness (empowerment).

Work health problems: This literature on workplace well-being, drawing mainly from healthy workplace discourse, highlights a mental health theme: work-related stress. Work-related stress has been defined as the harmful physical and emotional responses that workers experience when there is a conflict between job demands, and the amount of control they have over meeting these demands (Willinksky & Pape, 1997). Different issues on work-related stress exist, one of which is the lack of recognition and acceptance of stress as a legitimate concern of organizations (World Federation for Mental Health, 2002). Further, work-related stress has multiple causes, and there is a temporal association between exposure and outcome so it can be an easy issue for organizations to ignore. There are, however, three themes that emerge in the literature examining work-related stress and work environments: job strain, poor work relations, and heightened work-life conflict.

The Demand-Control model of job strain (Karasek, 1979; Karasek & Theorell, 1990) has been widely used to explore factors affecting workplace health issues in a variety of occupational groups. This model is "conceptualized as the combination of a high degree of psychological work demands and low decision latitude" (Spence Laschinger, Finegan, Shamian, & Almost, 2001, p. 234). Job demands are the

psychological stressors present in the work environment, and decision latitude refers to employees' control over the type of work that they do, and how they will do it (Spence Laschinger et al., 2001). Four types of work situations are generated by varying levels of job demands and decision latitude (Karasek, 1979). At one end of this spectrum, high strain jobs have high psychological demand and low decision latitude whereas, on the other end, low strain jobs have low psychological demand and high decision latitude (Spence Lashinger et al., 2001). Demanding jobs, accompanied by low decision latitude, are considered detrimental to employees' well-being (Karasek, 1979; Karasek & Theorell, 1990). Research efforts that have addressed job strain find support for the Demand-Control model (Cropley, Steptoe, & Joekes, 2002; Koehoorn et al., 2002; Lowe, Schellenberg, & Shannon, 2003; Richmond & Weatherly, 2002; Schaubroeck & Fink, 1998; Spence Laschinger et al., 2001). It is known that high job strain, associated with high psychological demands and low decision latitude, negatively impacts employee well-being. On the other hand, low job strain, associated with low psychological demands and high decision latitude, positively impacts employee well-being. Drawing from this research, I find that employee well-being, manifest as work enjoyment, confidence, and autonomy (Spence Laschinger et al., 2001), is linked to having a high degree of control in the workplace. Control in the workplace is characterized by having access to information, support, and resources, being provided with opportunities to learn, and being invited to participate in decision making (Koehoorn et al., 2002; Lowe et al., 2003).

Work relations, specifically dynamics of communication, support, and respect, have also been studied by various groups of researchers to explore ways to improve work environments (Koehoorn et al., 2002; Lowe et al., 2003; Work Network, 2001). Negative work environments and work-related stress, associated with higher absenteeism from work, correlate with poor work relationships, poor communication, and low trust (Lowe et al., 2003). Employee well-being, on the other hand, is linked to good employment relationships, characterized by a workplace culture of trust and respect, and by working with friendly and helpful people (Work Network, 2001).

Work-related stress is also linked to heightened work-life conflict (Duxbury & Higgins, 2001; Evandrou & Glaser, 2003; Sotile & Sotile, 2004). Labour market changes during the 1990s have, according to Duxbury and Higgins (2001), resulted in increased job insecurity and increased work demands, both of which have intensified work-life conflict. Work-life conflict occurs when time and energy demands imposed by the many roles that people adopt become incompatible with one another (Duxbury & Higgins, 2001). In other words, participation in one role is made increasingly difficult by participation in another. Employees who are experiencing role overload, work to family interference, or family to work interference are more likely to report significant stress, burn out, dissatisfaction with life, poor mental/physical health, and foregone leisure to address work demands (Duxbury & Higgins, 2001). Drawing from what these studies imply by harm, employee well-being (satisfaction with life and work, home, and leisure enjoyment) is related to having a work environment (e.g., reasonable work hours, flexible scheduling) that enables employees to balance work-life responsibilities.

The psychology of well-being: Within psychological literature, well-being is considered to be a complex construct that concerns optimal experience and functioning in individuals or groups of individuals (Ryan & Deci, 2001). Research in this field has originated from two general perspectives: the hedonic approach and the eudaimonic approach. Hedonism reflects the view that well-being consists of pleasure or happiness (Ryan & Deci, 2001). It is commonly assessed within a realm of subjective or self-reported well-being, which consists of life satisfaction, the presence of positive affect, low levels of negative affect, and engagement in interesting activities,collectively often summarized as happiness (Diener, 2000). Quality of work life has an important influence on subjective well-being. For example, long hours of boring work, high levels of stress, and little leisure time adversely affect well-being (Diener, 2000). Conversely, work environments that foster close relationships and present meaningful challenges enhance well-being (Ryan & Deci, 2000).

Eudaimonism moves beyond this view of happiness and defines well-being in terms of the degree to which a person is fully functioning (Ryan & Deci, 2001). Well-being is experienced when people's life activities are most congruent with deeply held values, and when they are holistically engaged in challenging activities that afford personal growth and development (Waterman, 1993). Engagement, more commonly referred to as self-determination theory, is tied to the social conditions under which people develop and function, and research in this area is aimed at answering two questions (Ryan & Deci, 2000): What inspires people to learn, to extend themselves, to master new skills, and to apply their talents responsibly? And, what social environments are antagonistic towards these tendencies? Studies indicate that autonomy, competence, and relatedness are three "nutriments" essential for well-being (Ryan & Deci, 2000; Ryff & Singer, 2002). For example, excessive control, non-optimal challenges, and lack of connectedness result in distress. On the other hand, employees who are supported developmentally, are challenged by their work, and experience relatedness are prone to well-being.

Socioenvironmental awareness: Literature related to socio-environmental approaches to well-being highlights a health promotion theme. This approach is aimed specifically at determining what actions related to well-being can be engaged that are empowering. Within this health promotion field, there has been a shift from medical (disease interventionist) and behavioural (victim blaming) approaches to a socio-environmental approach, which involves developing awareness or learning that there are risk conditions that are themselves important determinants of well-being (Labonte, 1992). These socio-environmental risk factors include not only physiological (e.g., hypertension) and behavioural (e.g., smoking) aspects of well-being status, but also different psychosocial dynamics (e.g., lack of support, poor social network, low perceived power, high self-blame) (Labonte, 1992). Well-being in a socio-environmental approach is understood to be a subjective phenomenon, varying according to context. Research in this area demonstrates that individuals characterize well-being as feeling vital and full of energy, being loved and having good social relationships with friends and family, experiencing a sense of control over one's life and one's living conditions, experiencing a sense of belonging, being stress-free, giving/receiving and sharing, having a sense of

meaning or purpose in life, being able to do things that are considered enjoyable, being happy, being able to express creativity and playfulness, having spiritual contentment, feeling whole, and feeling fit (Blaxter, 1990; Brown, 1990; Labonte, 1992; Registered Nurses Association of British Columbia, 1990). These characteristics point to the tri-dimensional nature of well-being (physical, mental, and social). These dimensions are, according to Labonte (1992), highly interconnected:

> We need a degree of physical vitality **and** a certain connectedness to others (groups, community) to enjoy good social relationships. We need a degree of physical vitality **and** a sense of meaning and purpose to both know, and act upon what we enjoy. We need a sense of meaning and purpose **and** a certain connectedness to others to experience a sense of control over our lives and living conditions. (original emphasis, p. 22)

Summary

In summary, I have presented three groups of studies that define well-being and identify factors that enable its existence. In total, the findings and themes of these studies suggest indicators of employee well-being:

- enjoyment of both work, home, and leisure time
- confidence, acting upon what we enjoy
- life satisfaction
- happiness
- personally growing and developing
- having a sense of meaning or purpose
- experiencing physical vitality
- experiencing a sense of control, and
- experiencing opportunities to be creative.

According to these literatures, factors that enable employee well-being in the context of the work environment include:

- supportive employment relationships (social connectedness; workplace culture of trust and respect; positive relationships with supervisors and co-workers)
- creative job design (reasonable work hours, flexible scheduling)
- engagement in interesting and challenging activities
- value congruency
- competence, and
- a high degree of job control (access to information, support, and resources, opportunities to learn, autonomy, and participation in decision making).

It is important to note, however, that enabling conditions, such as increasing control in employees' lives, are not the only precursors to improved well-being. Employees, for example, must be willing to use the control that they have (Sparks, Faragher, & Cooper, 2001). This willingness is, in part, learned: employees must not only become aware of socioenvironmental factors that are affecting their own well-being; they must also then be empowered to take action against the conditions that are oppressing them (Birden, 2004; Labonte, 1992). This suggests a link between employee well-being

and learning, which leads me to a different body of literature as I explore further questions that I have about how learning is approached in workplaces.

Well-Being and Learning at Work in the 'New Economy'

Many working Canadians suffer ill health, in part because of what goes on in their work (Lowe, 2003). The World Health Organization (WHO) states that there is a worldwide epidemic of job stress (World Federation for Mental Health, 2002). This job stress may be attributed to the amount of time that adults spend at work. For example, in a typical 40 year career they will spend 10,440 days at work (Swartz, 2004). Canadian workers, as well as those workers in the United States, have the highest incidence of reporting that they work at high speed all the time (Brisbois, 2003). Personal time stress, referred to as the time crunch, is therefore reported to be worse (Canadian Policy Research Networks, 2003). The Canadian Policy Research Network website Job quality.ca creates an image of individuals in today's workplace as frantic, Dilbert-like office workers who are exposed to little physical danger, but who face high levels of stress, long hours of work, and work intensification. An increased propensity to long hours of work and stress arising from heavy work demands, poor relations with co-workers, lack of job security, fear of injury, and constant technological change leave one in five Canadians saying that they are overworked (Work Network, 2001). The "Blue Collar Blues", according to Lowe (2002), has been replaced by the "Knowledge Workers Lament" about the stresses of overwork in today's lean workplaces, characterized by the mantra that nothing less than 110 percent effort is good enough (p. C1). Globalized capitalism and the knowledge-based economy, argues Fenwick (2001a), "have helped spawn obsessions related to learning: innovation, accountability, keeping up with technology, and post-Fordist work structures" (p. 4). Post-Fordist work structures, in particular, contribute to the belief that organizational survival rests on constantly developing knowledge, and helping workers learn (Fenwick, 2001a).

Continuous learning at work is claimed by some to promote employees' sense of engagement, and to increase their sense of control (Canadian Labour and Business Centre, 2003; Koehoorn et al., 2002; Lowe, 2002), both of which are linked to well-being. Further, through learning, employees can become aware of factors affecting their sense of well-being and overall problems in work-life balance (Labonte, 1992). I understand, therefore, that well-being and learning in the workplace appear to be related. I also understand, however, that not all learning that occurs in the workplace is conducive to well-being. Organizations engage employees in learning for a variety of reasons, not all of which are virtuous. For that reason Coffield's (2002) work reminds me to be wary of the powerful consensus that has been developed, to the effect that learning is a wonder drug or magic bullet both used to buffer against change, and as a means to increase economic competitiveness. These insights lead me to three questions that are guiding my exploration of the workplace learning literature: What is workplace learning? How is learning used in the workplace? In this use are organizations helping or hurting employee well-being? I am also mindful of a question that continues to be perplexing in the field of adult education (Billett, 2001, 2002; Bratton, Helms Mills, Pyrch, & Sawchuk, 2004;

Fenwick, 1998b; Foley, 2001; Fuller & Unwin, 2005; Mojab & Gorman, 2003; Ng & Cervero, 2005; Schied, Carter, & Howell, 2001): What do people actually learn at work?

Defining Learning at Work

Different dynamics inherent in debates related to workplace learning make it difficult to define. For example, is it planned or unplanned; intentional or accidental; linear or non-linear? A central debate of workplace learning is whether it occurs individually, or as a collective practice. These constructions set up binaries which are themselves problematic; this either-or logic positions or privileges one (planned, intentional, linear, individual) over the other (unplanned, accidental, non-linear, collective) where both are equally important and, according to Billet (2004), are interdependent. Many scholars purport that workplace learning is more than an individual act of cognition (Easterby-Smith, Crossan, & Nicolini, 2000; Weick & Westley, 1996). Learning and knowledge creation in the workplace instead occurs through conversations and interactions between people (Cook & Yanow, 1993). However it is defined and located though, workplace learning implies "human change or growth that occurs primarily in activities and contexts of work" (Fenwick, 2001a, p. 4). The conditions supporting this change or growth are multidimensional. Of primary concern to adult educational theorists is the manner in which learning is employed in the workplace.

Learning at Work

Through my reading in adult education, organizational or workplace learning, and health education, I have found two interconnected streams of learning tied to the workplace – knowledge creating activity and knowledge transfer – which I have brought together under the umbrella of knowledge development in orer to equally emphasize the dynamics of cognition and action. Drawing from Argote and associates (2003), knowledge development involves organizational processes linked to the generation of new knowledge, its transfer to different situations, and its retention over time. Knowledge development is increasingly recognized as the key, underpinning enterprise of today's economy (Lemon & Sahota, 2003). Limited attention, however, is given to employees' views and experiences with knowledge development, creating tensions between what is good for an organization, and what is good for its employees. In keeping with factors that enable well-being in the context of the work environment, I will reintroduce six work-related tensions (work relationships, job design, engagement, value congruency, competence, and job control) to illuminate issues of well-being connected to work-related learning processes.

Work relationships: There has been a renewed interest in looking at how social aspects of work, such as workplace relationships, may be combined with more technological views of knowledge development (Easterby-Smith et al., 2000). Effective knowledge development is tied to workplace characteristics, including strong social ties and informal network configurations (Argote, McEvily, & Reagans, 2003). Trust, especially, is a precursor to employee commitment to knowledge development: employees will support knowledge development if they trust that management will

support them if they operate outside of the box (Latting, Beck, Slack, Tetrick, Jones, Etchegary, & DaSilva, 2004; Marsick, Bitterman, & van der Veen, 2000). Lack of trust, on the other hand, gives way to employee resistance to knowledge development. This means that when workers feel that they cannot openly discuss variant views or share knowledge without being penalized in some way, they will resist participation (Marsick et al., 2000).

The commonly prescribed remedy to resistance and lack of trust is to encourage employees to learn to act autonomously (Mojab & Gorman, 2003; Nilsson, Herttig, Petterson, & Theorell, 2005; Tsoukas & Chia, 2002). There exists in organizational learning and management literatures, for example, a perception that autonomous employees are less likely to withhold good ideas, and are more likely to recognize the need to rethink old solutions and generate new ones on an ad hoc basis (e.g., Latting et al., 2004; Lemon & Sahota, 2003; Marsick et al., 2000). This overcompensatory emphasis on individual human capital, however, leads to a corresponding neglect of the social capital (strong social networks, shared values, high trust) needed to support learning (Coffield, 2002). Further, "social relations and learning processes do not happen in a vacuum and, on the contrary, take place in a landscape of interests and differential power positions and relations" (Easterby-Smith et al., 2000, p. 793). For these reasons, learning, and consequently well-being, may be as equally about how to negotiate current work relationships as it is about changing relationships (Easterby-Smith et al., 2000), given that power dynamics often supercede the full consideration of different points of view (Butler, 2001; Marsick et al., 2000; Ng & Cervero, 2005). Power dynamics in work relationships also affect allocation of resources thought to be necessary for learning: time, money, learning options, and links to and the attention of other people who can provide feedback and share their expertise (Marsick et al., 2000).

Job design: Flexibility is a dominant, yet troubling, theme in today's workplaces: demands are increasing for flexible workers that are responsive, adaptive, and transferable; flexible structures that are fluid and adaptable; flexible pay as employees are increasingly contractual; and consequently, flexible learning to ensure organizational competitiveness (Boud & Garrick, 1999; Fenwick, 2001a; Probert, 1999). Lower stress levels, increased job enrichment, and improved job satisfaction and productivity are purported advantages to having flexible job design (Sparks, Faragher, & Cooper, 2001). Lowe (2002), however, highlights the problem of "presenteeism" faced by today's knowledge workers (p.C1). He writes that there can be too much of a good thing, whereby enjoying flexibility in work schedules and locations unheard of in the industrial era comes at a price: knowledge workers are always wired into work, and are therefore more likely than any other group to report that their jobs are very stressful.

Demands for greater flexibility in work schedules are derived from employers' needs to redress problems associated with extended operating hours (Bosch, 1999), and develop strategies to reduce costs (Coffield, 2002). Flexible job design obscures problems stemming from hidden workplace curricula (Butler, 2001; Mojab & Gorman, 2003), including misguided efforts to promote constant change as a given so that employees assume personal responsibility for adapting to organizations' changing needs

for skills and labour (Billet, 2002; Fenwick, 2001a; Howell, 2001). The net result of this push for flexible job design is a heightened perception of job insecurity, which makes employees reluctant to refuse increases in their workloads and enables employers to set hour margins above employee preferences (Beatson, 1995; Coffield, 2002). Perceived job insecurity also means that employees will be more reluctant to own up to having responsibilities outside of work because this may be interpreted by their employers as lack of job commitment (Lewis, 1997). Work-related stress, then, is worsened by these oppressive employer practices (Spencer, 2001). Well-being, on the other hand, may be positively impacted by flexible job design that endorses reasonable job demands and work hours to achieve work-life balance, job security, and fair, equitable access to opportunities to learn on work time.

Another concern worth noting about today's flexible jobs is the rising use of short term contracts (Billet, 2002; Bratton, et al., 2004; Sparks et al., 2001). The ideal portfolio workers of the future can quickly internalize the need for employability, willingly pay for their own learning, and offer genuine commitment to each job, no matter how short its duration or depressing its quality (Coffield, 2002; Mojab & Gorman, 2003). Contingent workers, though, have fewer entitlements and protections within organizations, such as parental leave and financial stability, compared to permanent full-time employees (Knights & Richards, 2003; Sparks et al., 2001). Further, more secure employees may resent, and consequently isolate and alienate non-permanent workers who occupy positions that were once assumed by permanent staff (Pearce, 1998). This disharmony negatively impacts work relations, well-being, and opportunities for shared learning (McHugh, 1997).

Engagement: Employees can be proactive and engaged, or passive and alienated, largely as a function of the social conditions within which they develop and function (Billet, 2004; Ryan & Deci, 2000, Simonton, 2000). For example, having opportunities to engage in increasing complex work activities is experienced positively by workers (Billett, 2001; Livingstone, 1999). These opportunities, however, are dependent on the invitational qualities of their workplace: those whose roles are less valued, despite their performance of demanding work, may be denied opportunities to learn more broadly (Billett, 2001, 2004). In an ideal, employee-friendly organizational world, learning is an ongoing creative process whereby employees experiment with new approaches based on frequent ad hoc assessments of their changing environment (Marsick et al., 2000). Experimentation itself can engage employees in a deeper analysis of assumptions that cause them to think and act as they habitually do (Marsick et al., 2000).

In a profit-centred organizational world, employees are expected to engage in learning to maintain an organization's competitive advantage (Keep & Rainbird, 2002). Yet, managers decide what employees should learn: a practice that subordinates them to needs identified by management that may or may not assist in their development (Fenwick, 2001a; Hughes-Bond, 1998). Coopey (1996) explains that employees are excluded from decision making around their learning because their knowledge is considered to be an important resource that is linked to advantage and power. Learning then, according to Coopey, is an inherently political activity that, from a profit-centred

perspective, can neither be left to chance nor to loosely-knit organizational structures (e.g., Anderson & Ackerman Anderson, 2001; Chonko, Dubinsky, Jones, & Roberts, 2003; Senge, Kleiner, Roberts, Ross, Roth, & Smith, 1999). In other words, in profit-driven organizational discourses, knowledge development is not to be trusted to the creative ventures of employees. Crossan and associates (Crossan & Berdrow, 2003; Crossan, Lane, & White, 1999) further explain this tension between learning tied to individual creativity (exploration), and learning to affect organizational gains (exploitation). They support the view that organizations, over time, cannot rely solely on spontaneous innovations and interactions of their employees to develop knowledge. Employers will instead eventually begin to guide the actions and learning of their members through formalized relationships and coherent action so that the organizational memory endures for a period of time. The formalized organizing process, though, creates a tension between exploration (assimilating new learning) and exploitation (using what has already been learned). For example, case study research has demonstrated the oppressive nature of exploitation for employees. Their creative visions are lost in the process of organizing, while those in position to effect change take credit for their ideas; they are "chipped away at" until they either change their minds or leave the organization, and power is used to gain their acceptance of change (Crossan & Berdrow, 2003, p.1099).

The tension between exploration and exploitation is impacted by several factors: language, power structures, resource allocation, and logic (Crossan & Berdrow, 2003; Crossan et al., 1999). First, employees must conceive of and share their ideas in a language that is understandable if they are to be able to convince others of its legitimacy. Exploration is further affected by organization structures that strongly impact who talks to whom, thus potentially impeding conversations that could develop newly shared understandings. Having power and influence also makes this process easier, especially if employees have the power to effect change. Second, even when their ideas are well formulated in the exploration phase, employees must not only compete with the well-established logic of exploitation (rules and routines), but also with the investment in both mindsets and assets associated with exploitation (proven objective success). Third, the tension that occurs when "exploration challenges exploitation" to compete for scarce resources is worsened by "a resource allocation system that favors established logic, track records, and return on investment [so that] exploitation is likely to drive our exploration" (Crossan & Berdrow, 2003, p. 1103). These tensions demonstrate the highly political nature of learning in the workplace, which "continues the workplace tradition of dictating which kind of growth counts most, what imaginative endeavors are most valued, what kinds of talk, relationships and identities are allowed and which are out of bounds or even meaningless" (Fenwick, 1998b, p. 152). These conditions affect or impede employee well-being.

Value congruency: Learning in the workplace is most likely to occur when the reasons for participating fit both the personality of the employee, and the relational expectations (values) of the employee's social network (Weick & Quinn, 1999). Disturbing trends are apparent in the way that fit can be manipulated so that employee's values can be shaped to be more congruent with the values of the organization in the naming of valid knowledge. For example, phrases such as "Innovate or Die," and the

"capturing" and "harvesting" of knowledge and expertise (Lemon & Sahota, 2003) or the five Bs of talent: buy, build, borrow, bounce, and bind employees (Chapman & Hyland, 2002) are not only dehumanizing, they also speak to the coercive nature of profit driven knowledge development in workplaces. Ravn (2004) addresses this problematic of the dehumanization of learning in the new economy. He states that knowledge is the new capital because organizations believe that it makes them compete better. However, this traditional view of knowledge as a commodity is faulty because conceptualizes knowledge as something one has independent of context and learning, and can transfer simply by getting facts and information to others (Ravn, 2004). However, to educational theorists, learning is a matter of confronting multiplying expectations, standards, and evaluations which are external to workers (Barnett, 1999; Ng & Cervero, 2005). Employees, then, can be motivated to learn because they value an activity, or because there is strong external coercion and corresponding fear of surveillance (Ryan & Deci, 2000).

Competence: It is commonly believed that knowledge development, pursued to build organizational capabilities that will have the strongest and most direct impact on the execution of strategy, is both an observable and measurable process (e.g., Chapman & Hyland, 2002; Lemon & Sahota, 2003; Ulrich & Smallwood, 2004). However, workplace learning scholars argue that learning is not always evident; therefore, learning, when reduced to observable behaviours and measurable outcomes, may be difficult to appreciate (Cook & Yanow, 1993; Gherardi & Nicolini, 2000; Marsick et al., 2000). We learn all the time: informally and incidentally, experientially and informally, positively and negatively, productively and unproductively (Foley, 2001). Yet, in organizational discourse, the absence of observable change has commonly been taken to mean that learning did not take place (Cook & Yanow, 1993). This normative belief creates difficulties for employees, because much of what is learned in the workplace is highly subjective and tacit. In other words it may not be highly conscious; it is, therefore, unsound to attribute to employees know-how that no individual can demonstrate (Cook & Yanow, 1993; Crossan et al., 1999; Marsick et al., 2000; Ng & Cervero, 2005). Given employers' disregard of this understanding of tacit know-how, employees continue to be subjected to learning in the workplace that is measurable only through observable behaviours, and that is linked to competencies that benefit the job (Fenwick, 1998b).

Learning processes in today's workplaces are often constructed within a competency-based framework. This framework, argues Solomon (2001), is not neutral, natural, or objective; rather, it is intended to measure employee performance, and the standards are there to judge who is and who is not competent on the basis of sameness. Workplace learning thus becomes "a cloning exercise" (Solomon, 2001, p.49). This condition of sameness is a point of contention for those critical of the rationalizing control inherent in human capital theory, because it treats skills as measurable, technically defined attributes of employees, upon which rests their personal responsibility for competitiveness (Coffield, 2002). Skills are rather socially defined, and employees must therefore submit to organizational structures that determine the perceived status of particular tasks, control the supply and demand of skilled people, and create conditions that enable skilled people to exclude others (Coffield, 2002). Responsibility is then

passed to individuals to renew their skills regularly in order to ensure their continued employability. Individuals, however, do not have the power to remove the structural barriers that prevent them from learning. This, for example, would have implications for employees with young children, because not taking the opportunity to train is seen as a lack of commitment (Coffield, 2002). Further, a demand for new competencies and skills adds to employees' workloads (Paulsson, Ivergard, & Hunt, 2005). High standards of competence are also a likely reason why employees consistently report experiencing mundane, repetitive, low-paid work that is not commensurate with their skill and knowledge levels (Coffield, 2002; Lowe, 2000; Spencer, 2001), and stifles creativity and well-being.

Job control: Organizational scholars indicate that optimal learning takes place when there is a continuous co-existence or "optimal juxtaposition" between exploitation and exploration, or order and disorder (Weick & Westley, 1996, p.445). It is within these juxtapositions that organizing becomes disorganized, the forgotten is remembered, and the silenced become heard (Weick & Westley, 1996); thus, employees may experience a sense of control that contributes positively to their well-being. For example, improvisation, in other words modifying or ignoring workplace practices and ways of relating, makes sensible after the fact what becomes visible in hindsight (Tsoukas & Chia, 2002; Weick & Quinn, 1999; Weick & Westley, 1996). Learning then involves changing the organization's response repertoire and potential for action while small wins, or micro-level changes, provide a platform for this change (Weick & Quinn, 1999; Weick & Westley, 1996). However, because organizations exercise rational control over the language, power structures, and nodal points of relationships around this learning, exploitative actions taken up by organizations to motivate employees to learn continuously in the workplace are veiled (Coopey, 1996; Ng & Cervero, 2005). Further, the improvisations and modifications may go unrecognized, so opportunities may not be officially taken up, and may not break through the existing organizational culture (Tsoukas & Chia, 2002).

For educational theorists, expecting employees to learn continuously in the workplace becomes problematic when learning is perceived as a necessary response to change. Employees from this standpoint are argued to be "learners-in-deficit" (Fenwick, 1998b, p.145). Continuous learning programs, for Fenwick (1998b), can actually increase employees' negative stress, rather than their sense of personal control, and thus would erode rather than enhance well-being.

> In a climate of 'continuous' innovation the individual can theoretically never be grounded in a sense of expertise or stability. Nor does the individual have control over pronouncing what counts as knowledge. From the continuous learning perspective, the individual is supposed to learn more, learn better and learn faster, and is therefore always in deficit…the organization's knowledge – considered the key to success – is linked directly to the employee's demonstrable ability and willingness to learn. The worker becomes responsible for the organization's health without the authority to determine alternative frameworks to 'learning' through which this health might be considered and measured. (Fenwick, 1998b, p. 145, original emphasis)

Employees who perceive themselves especially disadvantaged by continuous learning might defend any erosion of their status and influence by restricting the scope for their tacit knowledge to be translated into objective collective knowledge, which potentially others can use within a dialectic of control (Coopey, 1996).

Summary: In summary, employees are learning at work how to be well-mannered and obliging members of organizational communities. Learning that occurs in the context of the workplace acts to either constrain or enable employee well-being. The literatures linked to learning in the workplace show similarities to the literatures related to employee well-being. Employee well-being correlates positively with workplace learning processes that are mindful of the need for support for strong social ties, experiences of trust, employee-driven flexible job design, genuine opportunities to be creative and experiment, value congruency, and legitimate job control. However, these literatures also express awareness that what is desired by employees is not always afforded, most often because learning in the workplace is an organization driven phenomenon. Consequently, there are several workplace conditions that employees experience around learning that negatively impact their sense of well-being. Human capital ideology and soft managerial practices, for example, inspire in employees a false sense of security: *pseudo* relationships, *pseudo* autonomy, and *pseudo* control. Employees are, therefore, consciously unaware that they are being socialized to become certain kinds of learners (Solomon, 2001). They are learners who are socialized to engage in learning for competitive organizational advantages, whose values are shaped to fit what knowledge is considered valid, who defer to dehumanized and coercive learning processes, and who consent to disregard for the diversity of their learning experiences and life histories, including affiliations, class, race, and gender distinctions. "In imagining themselves as these types of people, individuals would be accepting a revised personal identity, taking on more responsibility for providing solutions to corporate problems and for self-surveillance, enforcing norms which constrain the expression of doubts or disloyalties reflecting differing belief structures" (Coopey, 1996, p. 363). Women, among other target groups, are not immune to these ills of socialized learning. It is to their experiences of well-being and experiences of learning in the workplace that I now turn.

Women, Learning, and Well-Being in the Workplace

Dominant gender roles worsen the work intensification and stress that women experience in the workplace (Duxbury & Higgins, 2001; Evandrou & Glaser, 2003; Sotile & Sotile, 2004). McDowell (2004) attributes these less positive experiences for women in the workplace to the new neoliberal corporate capitalism that has transformed citizens into consumers. "Current social and iconic transformations do not respect the common or long-standing distinctions between the public and the private, between the state and the family. They are instead recasting the divisions and recombining them in ways that make brutally plain the ways in which the activities of production and reproduction are fundamentally interconnected" (McDowell, 2004, p.147). Even so, the division between labours of production and reproduction continues, and it is a gendered division in which activities undertaken in each sphere are differentially valued and rewarded (McDowell, 2004; Myerson & Kolb, 2000). Women, therefore, are treated in relation to their potential

contribution to the new economy, and a market value is attached to each according to this contribution (Coffield, 2002). As an example, the Mazankowski Report (2001), developed in Alberta as a response to the need for health care reform, implies that the increasing focus on the well-being of health care providers and subsequent allocation of resources to this cause is misguided. What this report fails to notice is that without the 1.5 million people across Canada who provide health care and social services (Canadian Institute for Health Information [CIHI], 2001), there cannot be a healthcare system. Also, the report displays an unhealthy disregard for the fact that the majority of health care providers – approximately 78 percent – are female (Cawthorne, 2002), as are the majority of students who are enrolled in health professional programs such as nursing (CIHI, 2001). Nurses figure prominently as one of the working groups in Canada to suffer from high workplace morbidity, such as job-related stress (Romanow, 2002). Drawing from Fenwick (1998b), nurses, who are implicitly "other" (p.146), are also a target group for continuous learning and, even though their work-learning struggles continue to produce knowledge, their nursing knowledge is often not recognized in organization discourses.

Nurses can, though, challenge these views by becoming critically aware of why they believe what they do, and of how these beliefs are created through certain norms, values, and practices of their workplaces to unsettle what seems natural, and to exploit the potential openness of contemporary learning and workplace practices (Solomon, 2001). I will now provide a discussion around what some of these practices are, and illuminate potential sites of challenge. Specifically, I will address work and well-being for women, and what organizations are doing to support well-being and learning for women in the workplace.

Work, Learning, and Well-Being in Women

Myerson and Kolb (2000) are among those who argue that organizations as we know them are inherently gendered: they reflect norms based on masculine experience, masculine values, and men's life situations, while devaluing or ignoring those ascribed to women including, for example, the type of learning that is valued, how competence is defined, and how well-being is understood. Women, according to Lewis (1992), find themselves in institutions whose practice and intentions are historically designed to keep them outside of their concrete and theoretical frames. Negotiating masculine content and practices, she explains, often means that women have to absorb as well as struggle to survive the violations of their subordination by men. Attentiveness to other than one's self is largely a matter of choice for men, whereas for women, it has been a socially and historically mandated condition of their acceptability as women (Lewis, 1992). These issues are especially prominent in nursing, where organizational support for medical discourses dictate what counts as knowledge, where nurses must shape their sense of who they are and their success by using the predominant male-based language of medicine, and where they have been socialized into power relationships in which they have learned to respect and revere physicians (Kelly, 1998).

Different, gendered conditions exist for women in the workplace, all of which contribute to work-related stress. First, workplaces are primarily male dominated social

institutions, where career success is dictated by assuming masculine attributes, stereotyping gender roles, and following a set of rules for success (Bierema, 2001). This enculturation of women into a male culture serves one purpose: by adapting to a masculine career model, women devalue and suppress an awareness of themselves as gendered beings, which prevents them from addressing power differentials (Bierema, 2001; MacIntosh, 2002). Second, the multiple roles women play contradicts and confuses who they are, and how they identify themselves and their self-worth (Bierema, 2001; Hughes-Bond, 1998). For example, role overload experienced by women with young children and/or care responsibilities for aging family members is associated with job-related stress (Duxbury & Higgins, 2001). Workplace learning practices contribute to this stress: theories of workplace learning, largely created by men, are faulty because they assume linear uninterrupted career trajectories, thereby ignoring the fact that women's careers tend to be non-linear, and characterized by interruption as women move in and out of the workforce (Bierema, 2001; Vanhanen & Janhonen, 2000). Further, access to learning opportunities is not a level field (Billet, 2001): women with young children, who cannot always take the opportunity to attend formal learning sessions, are perceived to lack commitment to an organization by their employers and co-workers (Coffield, 2002). Third, relationships and social connections at work are linked to well-being and learning. While both women and men value interesting and engaging work, women's well-being is related to experiences of respect, commitment, communication, and stable workplace relations (Hughes, Lowe, & Schellenberg, 2003). However, women report that their expectations regarding people-supportive workplace practices, such as work-family balance, flexibility, and communication, are not being met; they are persistently segregated into different occupations than men, and are subject to much higher rates of part-time work (Hughes et al., 2003).

What are Organizations Doing to Support Well-Being and Learning for Women?

There is mounting evidence that while women's experiences of well-being at work is an issue, organizations do not acknowledge the need for people-supportive workplace practices at the same level that employees do. Large percentages of organizations do not support family-friendly policies, even when their managers may acknowledge it is the more ethical or right thing to do, because there exists an overarching belief that such policies will negatively affect the business bottom line (Roper, Cunningham, & James, 2003). As an example, women may have to stop working, work fewer hours, or work for less money to accommodate multiple role responsibilities, such as caring for children or elderly parents. However, with the cessation of caring responsibilities, their work arrangements often do not change back (Evandrou & Glaser, 2003). Further, women who work fewer or no hours are then unlikely to accumulate a pension income equivalent to that of men (Evandrou & Glaser, 2003). This means that women's well-being later in life is at risk because they are more likely to live in greater poverty than the average citizen (Cawthorne, 2002).

Key Themes and Questions Arising from the Critique of Well-Being and Learning Literature

Guided by the initial research questions that have been outlined in chapter 1, the literature that has been reviewed in this chapter provides a broad understanding of how well-being and learning in work are conceptualized by contemporary commentators. This literature has also in rudimentary form, highlighted connections between employee well-being and learning at work. Where progressive understandings have been gained in this review, key themes and more informed questions have emerged for further consideration.

1. What is well-being according to workers?

The literature addressing well-being supports a multidimensional view that includes not only physical aspects of health, but also a refreshing focus on psychosocial and environmental concerns. In spite of this more holistic conceptualization, attempts to understand how different aspects of work, such as learning, personal control, social relationships, and job design, are experienced by employees in relation to their well-being have not been forthcoming. As a result of this inattention, I am left to wonder: What are the perspectives of employees on their well-being in relation to how they experience their work? When do they feel inspired and energized at work? When do they feel the opposite of this?

2. What forms of learning do workers experience in organizations?

Literature from management and organization studies suggests that knowledge development is a prevalent discourse in today's workplaces. Where knowledge development is assumed to be a capital resource and lever for productivity and performance, learning tends to be viewed as a means to: 1) create efficient and productive ways of working; and 2) help individuals overcome physical and psychosocial shortcomings which interfere with this work. Adult education and critical management scholars, however, critically examine these oppressive forms of learning to shed light on the embedded contradiction of how the pressure for knowledge development stifles creativity and employee-driven opportunities for learning, which in turn inadvertently impedes knowledge development in organizations. Even so, what remains hidden is: What do people learn at work? What inspires people to learn? What conditions support their growth and development both individually and collectively? What conditions are antagonistic to this growth?

3. How do individuals view the relationship between their well-being and learning?

Learning in the workplace is often an organization-driven phenomenon. As such, employees may feel pressured to succumb to a process of socialization that determines what they learn at work, what learning opportunities they are exposed to, and whether or not the knowledge they derive from this learning matters to their work as they understand it. Consequently, employees sometimes experience organizational practices around learning that negatively impact their well-being. At what point, if ever, do employees

become consciously aware of tensions they may experience in this socialization at work? How do they understand and contend with these tensions? In what ways do they seek to control the conditions of their own learning?

4. What are the conditions and structures of the workplace that impact worker well-being and learning?

A critical examination of conditions that impact both employee well-being and learning and their enmeshments are rarely extensively addressed in either the well-being or learning literatures, even among critical scholars. More explorations of these linkages may be helpful in illuminating their mutual constitution. For example, useful information may be contributed from the perspectives of employees: Under what circumstances do they experience a sense of well-being in the conditions of their work? How is well-being learned? How does their relative state of well-being influence their learning? More specifically, what conditions provide support for employees to experiment with new approaches to their work? What conditions support their creativity at work? What conditions support employees', and in particular women's, unique well-being and learning needs?

5. How do individuals negotiate the conditions of their work to preserve a sense of well-being and create opportunities for learning in organizations?

On a superficial level, the healthy workplace and knowledge development literatures portray a promising view of workplace structures and conditions that promote employee well-being, and create opportunities for learning. In reality though, employees must be afforded opportunities to participate, as well as realize fully the control that they may have, in order to take up these struggles. I wonder then: Under what circumstances do employees question the conditions of their work? How do they make their needs known to others? Do these others hear them? What issues do they deem important enough to take a stand? How are they empowered to take action against conditions that are oppressing them? How are they empowered to sustain the conditions that are experienced positively?

These questions are addressed in the remainder of this thesis, which expands further how experiences of women Nurse Practitioners (their well-being and learning) are shaped by their participation in the discourses, practices, and activities of their work environment (a Canadian health care system).

Chapter Three

The Process of the Study

The construction of knowledge is at the core of this research. Ellis (2003) explains that "since people are both the source and object of knowledge … the construction of knowledge has to be engaged, perspectival, hermeneutical, and pluralistic rather than absolute, monolithic, and abstract" (p. 1). My study, therefore, is based on the assumption that the construction of knowledge is explored through meaning: my own and that of twelve women who participated in conversations with me over the course of this study. I have set out to explore the meanings these women create from their work experiences, through the analytic lens of coming to understand how their well-being and their learning in their work environments are interrelated.

The mode of inquiry in this study was interpretive: the design details, other than my choice of personal interviews as the primary qualitative method through which to explore the experiences of well-being and experiences of learning in the workplace, evolved over time. More specifically, feminist poststructuralism provided the philosophical base for this study. This base offered me at least three advantages: 1) it provided a critical edge to delve into the structural complexities of the participants' experiences of well-being and learning in the workplace that I was looking for; 2) it afforded me the space of becoming aware of myself as a beginning researcher; and 3) it acknowledged values that are central for me – being responsive and true to the stories that the twelve diverse and unique women were sharing with me. Therefore, like other feminist poststructural researchers before me, I hope to not only add to existing knowledge, but also to model reflexivity, or self-awareness, and compassion in this thesis. This chapter is divided into seven sections: approaching the research; deciding who to involve; describing the participants; explaining the research procedures; ensuring data trustworthiness; interpreting the narratives; and recounting ethical considerations.

Approaching the Research

> At the foundation of my interpretive inquiry were assumptions: These assumptions speak to our understanding about knowledge: Knowledge is within the meanings people make of it; knowledge is gained through people talking about their meaning; knowledge is laced with personal biases and values; knowledge is written in a personal, up-close way; and knowledge evolves, emerges, and is inextricably tied to the context in which it is studied. (Creswell, 1998, p. 19)

Beyond these core assumptions about knowledge, I overlay a framework with a distinct ideological stance: the how to, or my approach to my research, was inextricably linked to philosophical issues. In other words, my research, including how I collected data, analyzed it, derived meaning from it, and expressed my findings, was guided by the philosophical lens that I chose. My interpretive inquiry into women's well-being and learning in the workplace was guided by feminist poststructuralism.

Feminist poststructural theory brings together feminism and poststructuralism as a relationship that gestures toward fluid and multiple dislocations and alliances with the intent of reconfiguring social science to make it less comfortable and more accountable (St. Pierre & Pillow, 2000). The literature addressing feminist poststructuralism is diverse. Common elements centre on issues of discourse, deconstruction, subject, subjectivity, identity, context, language, power, reflexivity, and positionality. In social science and educative literatures feminist poststructural theory bears comparison to critical social theory, but diverges from these roots in its careful reconstruction of the experiences of the Other. In the words of Lather (1991), feminist poststructuralism adds to critical theory in that it foregrounds "the inescapability of how our vested positionality shapes our rhetoric and practice" (p. xvii). These modern and postmodern intersections become spaces within which to provide different possibilities for empowerment, emancipatory intent, and liberatory pedagogy, especially for the marginalized (Lather, 1991). Before proceeding further I will briefly review other feminisms because they provide a background from which to explore tenets of feminist poststructural theory.

Feminism

Different feminist theories exist: liberal feminism (emphasizing equality); radical feminism (focusing on the power of dominant groups over others at both a public structural level and a personal level); Marxist feminism (analysing capitalist modes of production which contain structures of disadvantage that constrain people's lives); and postmodern feminism (opposing grand narratives). Together these feminisms bring forth concerns that I have around people's well-being in the workplace: their well-being is clearly linked to oppression and lack of control in the workplace.

> Feminism as a world view allows us to make sense of our individual experiences; pulls us away from individualism and individual instances of discrimination to an understanding of the systemic character of oppression; moves us from a dependence and reliance on individual solutions (which often result in blaming the victim, who is unable to overcome the limits of her individual life) to collective strategies and social and political solutions. (Briskin, 1990, p. 26-27)

This excerpt from Briskin's book, *Feminist Pedagogy: Teaching and Learning Liberation*, captures important tenets of feminism that are worth highlighting – notably the systemic nature of oppression and collective strategizing. In terms of my own study, I recognized that oppression in the workplace occurred because well-being was frequently seen as an individual responsibility, negating the role that activities within the workplace, such as expectations around learning, had on people. The well-known feminist maxim *the personal is political* reframed my thinking about oppression in the workplace: what had once been thought to be individual problems, such as gendered workplace conditions and lack of recognition of these issues in discourses of workplace wellness and learning, could be redefined as social problems that required political solutions (Lather, 1986).

According to Jones (2003), collective strategizing is a political solution that provides people with an opportunity to gain an understanding of workplace conditions in which their oppression occurs, in this case how their well-being is related to conditions around which learning occurs in the workplace. This gained understanding, within feminist frameworks, is a learning process that is about acknowledging and changing oppressive conditions that negatively affect employee well-being in the workplace. In my study, desirable change, from a feminist standpoint, was about opening up possibilities for the women to reconstruct their understanding of interrelationships between their experiences of well-being, and experiences of learning in the workplace. In other words, collective strategizing was partially about the women who participated in my study recognizing these relations between well-being and learning, while developing the confidence and courage to formulate strategies to change them. Feminist poststructural theory takes further possibilities for empowerment and liberation.

Feminist Poststructuralism

Feminist poststructuralism troubles the things that we assume are solid, substantial, and whole, including knowledge, truth, reality, reason, science, and the subject; within it we may find "possibilities for different worlds that might not be so cruel to so many people" (St. Pierre & Pillow, 2000, p. 1). Theorizing within this feminist poststructural frame has focused on the possibilities that are opened up when dominant and seemingly transparent language practices are made visible, allowing us to see what beliefs have sustained them (Davies, 2000; Lather, 2000). In other words, feminist poststructuralism helps us to understand and move beyond the twofold nature of subjection in which we are subjected, and in the same process, become speaking subjects for the very constitutive forces that shape us (Davies, 2000). Feminist poststructuralism, according to Lather (1991), intersects with feminism, poststructuralism, and postmodernism. She explains that it builds on feminism's grassroots "no more experts credo" (p.xviii) to problematize intellectuals who position themselves as the locus of what can be known theoretically, doing for instead of with people. Further, it is premised on the "sturdy sureness that, given enabling conditions, every woman has something important to say about the disjunctures in her own life and the means necessary for change" (Lather, 1991, p. xvii). Feminist poststructuralism, Lather continues, is also rooted in poststructuralism, borrowing from it the suspicion of totalizing theories and expert prescriptions to "loosen the grip" on innocent neutral notions of language. Feminist poststructuralists similarly subscribe to the postmodern break with totalizing, universalizing grand narratives, and the humanist view of the autonomous individual subject capable of full consciousness, to challenge the politics of emancipation (Lather, 1991). From this standpoint, then, feminist poststructuralism is a hybrid theory that finds problematic the production of grand social theories that have a tendency of speaking for all. It is what or who is left out of these social theories that is disconcerting. For example, gender is treated as a necessary, polite pause with little depth given to its understanding (Kenway & Modra, 1992), a condition Luke and Gore (1992) refer to as "being written in the margins" (p.3).

A feminist poststructural lens, therefore, demonstrates that the world experienced by women is not the same as that experienced by men (Jones, 2003). As an example, women move in and out of the paid workforce for various reasons. Even so, they perform valuable services both as workers, and as wives who receive no wage for performing their domestic labour (Eichler, 2004; Jones, 2003). These competing responsibilities, combined with how work and reward and recognition programs are structured, disadvantage women in different ways. For instance, because of competing responsibilities, women may not always be available to participate in workplace learning activities; yet, they are compared to others who labour in the workplace under different social conditions. It was the potential to illuminate these social conditions in relation to their impact on well-being and learning at work which drew me to feminist poststructural theory.

Several interconnected tenets of feminist poststructural theory are important for my study. I have briefly outlined these below, and will follow this list of tenets with considerations for my own research. Further discussion of these tenets, as they apply to the process and findings of my study, will also occur in subsequent chapters of this thesis.

Discourse: Discourse is a term used in many orientations, including feminist poststructuralism, to signify the system of relations that subsume us to the point that we become so used to a certain knowledge in our everyday lives that we take it for granted and do not question where it has come from or how we have come to know it (Apple, 1991; Jones, 2003). Workplace discourses, specifically, "control people's desires, values, and authority by casting certain objects as desirable, good, and commanding status, while others are derided or count for little" (Fenwick, 2001a, p. 10).

Deconstruction: Deconstruction is a means of questioning by what means and for what reasons a particular discourse comes to be established; it is a way to unearth the origins of a way of thinking and knowing (Jones, 2003; St.Pierre & Pillow, 2000).

Subject: Feminist poststructural thought questions the notion of a stable, unified, and coherent self (St.Pierre & Pillow, 2000). Rather, subjects within this framework are shifting, and open to reconfiguration in different historical, political, and cultural contexts (Butler, 1990; Luke & Gore, 1992). Therefore, the self-certain, universal subject as the source of meaning and the architect of a consciously created social reality does not exist (Jones, 2003; Luke & Gore, 1992).

Subjectivity: Feminist poststructuralism presupposes a subjectivity that is precarious, contradictory, and in process, constantly being reconstituted within the limits and possibilities of discourse each time we think or speak (St. Pierre, 2000). Subjects may be those who act and speak, but the actions or tellings are constrained, partial, and determined by the discourses and cultural practices that prefigure the meanings attached to experiences (Britzman, 2000).

Identity/ies: Feminist poststructuralists posit that we live in multiple, contradictory representations, such as class, gender, race, sexuality, history, culture,

language, and individual experiences, and that all of these are forces that contribute to what we understand to be our identities (the images we have of ourselves) (Lather, 1991; Orner, 1992).

Language: Closely following its poststructural counterpart, feminist poststructuralism centres on language, which is defined by the public and social systems of signs, symbols, and referents that speakers have to use and think (Jones, 2003). It is concerned with the role of language in social life, and observes that the meanings of words we learn are important influences on how we see the world and make judgments about it (Jones, 2003).

Context: Feminist poststructuralism contends that context is manifest as power relations or power differentials, such as the socially constructed body language of another, and that in any given situation, it will determine use of voice (Orner, 1992).

Power: Power is transformed from an overt sovereign power to a suspicious and invisible power located within technologies and apparatuses of social regulation, which are dependent on processes of normalization (Walkerdine, 1992). This process of normalization explains how we uphold the rules or traditions in our practices, such as teaching and learning, even though there are taken to be no rules, only invisible guidance (Walkerdine, 1992).

Reflexivity: Reflexivity in feminist poststructural research refers to examining one's own implication in the conditions one seeks to affect (Gore, 1992). According to Reinharz (1992), the research itself is an actual lived experience, which involves reflecting on what was has been learned in the process. In other words, as researchers, we move back and forth between the data and how the text is constructed in order to disrupt our own tellings. This disruption helps us develop an awareness of how we are connected to and changed by our research.

Positionality: Positionality involves "moving behind the scenes" of our own work to explore the decisions we have made in producing our texts (Britzman, 2000, p30). Our own personal experiences and methodological choices define the questions we ask, and the way we see our data (Davies & Banks, 1995; Reinharz, 1992).

Drawing from the understandings created by the juxtapositions of these feminist poststructural tenets, I was aware that interpretations and meanings were labile. With this understanding of interpretations as labile, we can never really know ourselves or others in a definitive way because there is always the possibility of misrecognition when we try to make sense of our attachments to places and histories (Orner, 1992; St. Pierre, 2000). This highlights the feminist poststructuralist concern about uncritically accepting issues of false consciousness: holding certain ideologies in place may not be seen as false consciousness, but as an effort to make sense in a world of contradictory information, radical contingencies, and indeterminacies (Lather, 1991). Problems arise, though, if we assume that being categorized, such as being called women, indicates a life being led in a common set of circumstances and with a common set of experiences (Butler, 1990).

Problems also arise when it is assumed that similarly labeled groups of people all have a similar sense of themselves – that they share a common identity (Jones, 2003). My task as researcher, therefore, was to create opportunities for my participants to talk about who they were, how they thought they had come to be this person, and how well-being and learning were tied to their identities and subjectivities. I will now discuss two important considerations for my own research: how the task unfolded, and the significance of reflexivity.

How did this Task Unfold?

In hindsight, only a few participants were drawn into talking extensively about themselves outside of their roles in their workplaces. Even then, as was the case for many other participants, they were conscious of completing the research task at hand. Feminist poststructuralism provides a critical analysis that questions the concept of power in research contexts. For example, from different samples of feminist poststructural research that I reviewed (e.g., Ellsworth, 1992; Lather, 1991; Walkerdine, 1992), I understood that my desire to create power-neutral relationships with study participants was not realistic.

My intent with this study was to offer a different and what I believed to be a more positive possibility for employees, especially women, to consider learning in the workplace: well-being. In my desire to bring about this possibility, I was consciously aware that these "new" ways of knowing were not better or worse than what had gone before – they were simply different, reflecting different forms of power. It was simply a shift of power relations – "the replacement of one way of defining reality by another" (Jones, 2003, p.148). This meant that I was seeking to provide a different language, a different way of seeing things, and hoped to create possibilities for change where they did not exist before. I also, in what I hoped would be an empowering research process, wanted to help the women recognize their own power to reconstruct different relationships between their experiences of well-being, and their experiences of learning. Feminist poststructural researchers, such as St. Pierre and Pillow (2000), agreed that these shifting relations were possible; their work did, however, remind me that these new ways of knowing might be yet another fiction. I had to be cautious that I was not doing more harm than good by simply replacing one regime of truth (illness) with another (well-being).

The context and meanings in everyday life, which are multiple, complex, and shifting co-constructions of multi-sited, heterogeneous subjectivities, are problematized in feminist poststructuralism (Lather, 1991). My understanding of this problematization supported my belief that I was not the all seeing, all knowing researcher. It, thus, afforded me the flexibility of interacting with my research participants beyond the questions that I proposed to ask. Together, then, we were able to acknowledge that, yes, gendered workplace conditions existed. However, this particular group of women wanted to go beyond the dynamics of gender. They were able to articulate that other conditions such as power structures and workplace relationships existed in their workplace, and that these likely had an equal, if not greater, impact on their everyday working lives. This understanding allowed me to reformulate questions that I perceived were important to ask

about learning and well-being in the workplace. These questions are discussed in a later section of this chapter.

Reflexivity

There are, according to Denzin (2000), four common feminist poststructural philosophical commitments. First, feminist poststructuralists believe that the world of human experience must be studied from the point of view of a historically and culturally situated individual. Second, researchers in this frame work out from their own biographies to the world of experience that surround them. Third, they value and seek to produce works that speak clearly and powerfully about these worlds. Finally, they are committed not just to describing the world, but to changing it. However, as I went forward with my study I heeded Lather's (1991) caution about changing the world. In other words, I needed to retain awareness of my desire to co-create positive gender relations in the workplace around women's learning and well-being. Specifically, Lather notes that self-reflexivity is needed to counter-balance the notion of empowering approaches that are intended to help the researched to analyze causes of powerlessness, recognize oppressive forces, and act collectively and individually to change the conditions of their lives.

An anti-foundational epistemology, according to Luke and Gore (1992), is a central philosophical tenet of feminist poststructuralist thought. This means that inquiry focuses on the deconstruction of taken-for-granted historical structures of socio-cultural organizations within which various versions of the individual have been inserted. This anti-foundational epistemology also attends to the ways that the individual and the social have been written in the language and theoretical structures of organizations. Self-reflexivity, according to Apple (1991), is an important factor in this process of making the commonsense problematic. Reflexivity repositions me, the researcher, from universal spokesperson to an individual helping to remove the barriers that prevent people from speaking. The notion of reflexivity speaks to the idea of self-critique, and encourages me to recognize that my life experiences are unique (Campbell & Bunting, 1991). Steier (1991) explains that I am part of the system that I study, and that through the reflexive process, I become conscious of how I see myself in the research that I conduct. Further, Davies (1990) states that the process of self-reflexivity connects me to my research so that I become part of it. Therefore, I help to construct the observations that become my data because the act of becoming aware through reflexivity connects me to the situation, and to my effects upon it (Davies, 1990). Interpretation, then, is to notice the internal construction of how I thread together the personal themes of my research experience to be able to understand the assumptions and beliefs that guide my interpretation of that experience (Anderson & Jack, 1991).

My research within the feminist poststructural frame attended to the process of self-reflexivity. Reflexivity helped me to develop an awareness of how I was connected to and positioned within my research. First, in this research I was a professionally aligned colleague of the women who participated in this study. In this position, I believed that I had an insider's awareness of the health care system in which the participants were

employed, as well as of how their work was organized. This insider's awareness later helped me during the analysis and interpretation stages of my study. Second, I was a beginning researcher. What implications did my limited research experience have on my interactions with the women I studied? Did it hinder my ability to facilitate meaningful conversation? Certainly it did. For example, when I read the transcripts, listened to the tape recordings, and read over the personal correspondence, I found that there were times that I missed invited opportunities to explore different subject areas further. As I continue to gain experience though, I have come to believe that I am not alone in those "Oh I should have asked …" moments of regretting missed opportunities. Even so, the interview and communication skills that I developed over a nursing career spanning several years were, as I anticipated, a balancing asset. This meant, for example, that my paraphrasing skills helped me to seek clarification at times when I was unsure of the meaning in what was being said. It is to the proceedings of various aspects of the research that I will now turn.

Deciding Who to Involve

In this research process, I was challenged to think about who would be the best group of women to participate in my study, and why. I had to debate this both overtly and covertly: Do I seek women with whom I have some familiarity, such as those in health care? Do I seek women with whom I have little familiarity, such as those in organizations not related to health care? It was, therefore, apparent that I could turn to either the familiar or the unfamiliar. In the end, the most influential deciding factor in choosing the women to participate in my study was my asking, "Where do I think I can make a difference?" This was important to me because I wanted my study findings not only to be considered worthy of the women who participated, but also to provide valuable insights and expand on discourses of well-being and learning in the worlds of academia and work. I also could not ignore what was in my heart: the desire to make heard the unheard voices of my nursing colleagues, the majority of whom were women.

While the decision to focus my study on the experiences of the women of nursing moved me forward in the research process, in retrospect I was not prepared for the anguish that this decision created. More than once, I thought about who I was privileging in my inclusion, and who was I marginalizing in my exclusion. For example, one decision that I made was about which groups of nurses, from which area/s of nursing, such as administration, education, direct patient care, and research, would I invite to participate. In the end, I chose to invite Nurse Practitioners (NPs) from one Canadian health care organization to participate in my study. I based my choice to include NPs on several factors: they were an occupational group comprised mostly of women; they were involved in facilitating both formal and non-formal learning dimensions within the workplace; as health care professionals they had a language for well-being; and with their exposure to graduate level nursing education, they were more likely to have an openness, an expanded worldview that enabled them to understand that well-being was multidimensional, and not the same thing to all people. Canadian NPs were also experiencing an eventful transition period; they were struggling to integrate their services into health care delivery where previous attempts failed (Cummings, Fraser, & Tarlier,

2003; Reay, Golden-Biddle, & GermAnn, 2003). This integration was complicated by tensions around role confusion, and by territorial claims to expertise by other organizational actors (Brint, 1993; Bucher, 1988). Despite these tensions, NPs were thriving in a variety of rural and urban settings. They therefore appeared to be an ideal group of women with whom to explore experiences of well-being, and experiences of learning. As Foley (1999) notes, "Some of the most powerful learning occurs as people struggle against oppression, as they struggle to make sense of what is happening to them and to work out ways of doing something about it" (p 1-2).

The organization where I conducted my study was chosen for two reasons. First, at the time of conducting my study NPs represented only a small portion (<1%) of over 245, 000 Registered Nurses in Canada (Canadian Institute for Health Information, 2005). I knew that over 50 of these NPs were employed by one organization; it was, therefore, feasible to choose this organization as a site of study. Second, this organization had also developed a reputation nationally, and was well known for its innovative organizational structure, service delivery, and leading edge patient care. Internally, it had adopted a mandate of excellence not only in clinical practice, but also in research, education, and innovation. The work in this organization was guided by its publicly displayed values: well-being (quality of life); respect for people (both for those who are served and those who serve); personal responsibility (the right and responsibility to make informed choices about personal well-being and quality of life); accessible quality service; excellence (best practice, research, education, innovation); integrity (ethical and professional conduct); and stewardship (wise use of resources).

Following this decision making about the 'who', 'why', and 'where' of my study, I then had to figure out how to gain access to the NPs employed in the chosen organization. This access proved to be easier than I had anticipated. As an example, because the organization was large with many separate work sites, I knew intuitively that I could not rely solely on word of mouth to recruit NPs. Instead, I had decided that it was important at the outset to identify key contact people who had access to all NPs within the organization. It was through a trail of contact people, who had a working knowledge of the organization, that I was introduced to a centrally positioned nursing administrative liaison. Following ethical approval to commence my study, this liaison circulated my letter of invitation to the women NPs in the organization. I was also invited to present my study proposal to NPs at one worksite. This presentation was helpful and the ensuing discussion demonstrated to me that my area of inquiry was meaningful to other nurses.

My original plan was to recruit up to ten women NPs from the chosen organization and falling into one of two groups: those with less than and those with more than two years nursing experience as NPs. At the time, I believed that it was important to make this distinction in level of experience because of my observation, as well as through various discussions with other NPs, that different kinds or degrees of learning occurred over time. While my findings, as discussed later, supported this initial belief, I was not able to recruit women NPs within the chosen organization in the manner that I had planned. Labeling and definitional issues around categorization as NPs within the organization complicated, and possibly limited, the recruitment process. For example, in

some instances nurses were hired into NP positions while working towards completion of Masters' projects or thesis. According to organizational criteria, they were not considered fully qualified NPs until this educational requirement was met. These NPs were, however, considered fully qualified by the provincial nursing body that regulated NP practice. I, therefore, used the later categorization to more consistently determine their suitability for inclusion in my study.

Only a small number of volunteers came forward with each of the three recruitment initiatives I conducted with the aid of the nursing liaison. I was concerned: Did they mistrust my motives? Were they concerned that I would not represent them favorably? Were they in disagreement with my observations that they were thriving? However, participants explained that heavy workloads likely prevented other NPs from participating in my study. Because of the limited response to my letter of invitation (see Appendix A), circulated over a period spanning six months, I included all twelve NPs who contacted me to participate in my study. These participants will now be discussed.

Describing the Participants

Feminist poststructural researchers (e.g., Davies, 2000; Lather, 1991; Lather & Smithies, 1997) commonly provide demographic and personal history information about individual participants in their research reports. This type of information could potentially be useful to include in the context of interpreting research findings. In my study, however, demographic and personal data were reported in aggregate. Though this aggregate reporting method renders participants somewhat invisible as to their individual histories and experiences in the context of the study findings, this was a conscious exclusion on my part so to avoid harming participants where issues of confidentiality and anonymity were concerned. More specifically, the NPs who participated in this study were drawn from a small and close knit community of NPs in Canada; therefore, providing more detailed personal information carried with it a risk of exposing the identities of individual participants.

Twelve women between the ages of 36 and 53 participated in this study. All were white, able-bodied, middle-income women living and working in a large urban city in Canada. Ten were married, and nine had children. One was a single mother, and two of the participants were single. For their representation in this document, all participants chose a pseudonym.

The experiences of each of the twelve women, in terms of both their educational backgrounds and occupational experiences, were diverse. One half of participants had no other post secondary schooling outside of nursing. The remaining half had post secondary education in other fields, including other health care professions, arts, and humanities. There was a similar divide in relation to occupational experience in nursing, whereby nearly one half of participants worked for the same organization in which they began their employment history. The rest had worked in several health care organizations in both Canada and the United States throughout their nursing careers. At the time of this

writing, two participants had taken employment as NPs in organizations other than the site of study.

Participants spoke about two typical career paths to becoming NPs. The first was being actively recruited to the position. In this case, participants indicated that they had not given much thought about such a position themselves, but when invited to become NPs, researched the position and decided that it would be a good fit for them and "… ha[d] not looked back since." The second way into an NP career was when front-line nurses had positive experiences working with NPs, and decided to pursue a similar career path. Organizational support for pursuing the additional education required to occupy NP positions varied. For example, three participants spoke about receiving paid work release time or other financial support. The majority of participants, though, regardless of how they came to be NPs, mentioned that they received little organizational support other than being given unpaid time off, encouragement for developing the role in their care area, or reassurance that there would be a job for them upon completion of their education.

The participants in this study had occupied their NP roles anywhere from less than one year to more than fifteen years in a variety of health care arenas: research, education, primary health care, child health, family health, and adult health. Two thirds of participants had completed the education requirements for their NP positions. The remaining four participants were employed in NP positions, and were completing graduate course work at the same time.

I am privileged to have known the women who participated in this study, and I have learned many things from them. Theoretically, I understood that my reasons for doing this research were not about wanting to change this diverse group of women participants. Rather, my purpose for doing this research has been to reach a common understanding: our liberation as women has as much to do with learning from one other how to negotiate well-being enhancing conditions of our work as it does with celebrating our own inner-resourcefulness as women who are thriving in less than ideal workplaces. Even so, following Briskin (1990), I was aware that our power to change our circumstances was circumscribed by class, race, gender, and bootstrapism. This meant that while my hope was for liberation, we were always faced with the reality that our work might not change anything. I did not understand fully, however, how much I would be changed by the lived experience of talking with the women who participated. We have gained allies in each other, and I have hope that the participants have come to understand that while their own experiences are unique, they share some commonalities. I have learned that these commonalities are nodal points from which to collectively strategize for changes in workplace conditions. I have learned that, as a first step for participants to carry this alliance forward and to become speaking subjects for themselves, they needed someone to hear their stories. This last point brings me to a discussion about the procedures of my research.

Explaining the Research Procedures

The discussion of reflexivity highlights the idea that research methodology is connected to and informs my understanding of the methods of inquiry. My overall project was guided by the experiences of feminist poststructural researchers, such as Davies, Lather, and Pillow, all of whom ascribed, in some form, to a reflexive methodology. Although interpretive methods have frequently been used, feminist poststructural researchers have been quick to point out that these interpretive approaches and the resulting accounts must not only illuminate lived experience, but also illuminate the struggles of everyday life (Lather, 1991). At the outset of my research, it thus became necessary to lay bare some of my own pre-understandings. In other words, what assumptions was I making to have conceived of the methodology and the questions that framed my inquiry?

- Individuals perceive a connection between their well-being and activities of learning in the workplace.
- Learning in the workplace can be stressful.
- Women's well-being in the workplace is related to the support they receive for activities of learning.
- Frequently, only learning that has the potential to contribute to organizational effectiveness receives managerial support, and access to resources in the workplace.

It was with this understanding of interpretation and my understanding of my assumptions that I approached my study, including the interview procedures and interview considerations.

Interview Procedures

Initially, I chose group interviewing as the primary means of gathering stories for my study. This choice reflected my desire to go beyond individuals' stories. I wanted to encourage, among the participants, responses to each other's stories as well as dialogue about the meanings and issues apparent in their stories. Madriz (2000) explains that focus groups in feminist research may: 1) serve to validate participants' everyday experiences; 2) facilitate writing a culture together by not only exposing layers of oppression, but also the forms of resistance used in everyday situations to deal with them; and 3) encourage multivocality of attitudes, experiences, and beliefs.

At the outset of my data collection, I anticipated holding three tape-recorded interviews with each group of participants. My original plan was changed, however, when participants expressed a desire to meet with me individually. They wanted privacy and sufficient time to share their stories before meeting with other participants in a group interview setting. I changed my data collection approach to accommodate their requests, and held twelve single person interviews. Having an opportunity to interview each participant separately proved beneficial; the participants and I were able to explore more in depth the experiences that they may or may not have shared in a group situation. As a result of this change to my study's interview procedures, I found it necessary to hold only one individual and one group interview with each participant. Unexpectedly, these

individual interviews not only provided a setting for participants to share intimate details of their lives, but also helped me ascertain how I might organize participants into groups. In the end, however, participant scheduling availability and unanticipated last minute changes dictated group membership and the manner in which the second interviews were held (three group and two individual). In retrospect, the flexibility that was required to attend to these issues turned out to be advantageous, because I found that it would have been difficult to interview more than four participants in one group setting. I could not have kept up with the rapid flow of conversations as they unfolded. So, in my study group, size did matter; I found that in the small group setting it was easier to keep the conversation on topic and, as Madriz (2000) suggested, it was more conducive to equal member participation.

Interview Considerations

As I proceeded with my study I was conscious of three interview considerations highlighted by different authors: the interview questions, trust, and listening.

Questions: Clandinin and Connelly (1994) remind me that:

> The way an interviewer acts, questions, and responds in an interview shapes the relationship and, therefore, the ways participants respond and give accounts of their experience. Furthermore, the kinds of questions asked and the ways they are structured provide a frame within which participants shape their accounts of their experience. (p.420)

In other words, the way the women in my study shared their stories was dependent upon how they were making sense of my research intentions and purpose, as well as the questions I asked. I used the same questions in the individual interviews that I had planned to use for the first group meeting. I developed my original list of interview questions from the knowledge I had gained from relevant literature that I worked through during the thesis proposal writing process (Appendix B). In retrospect these questions were different and certainly more comprehensive than those that I thought I would be asking. For example, I added questions related to workplace tensions upon the recommendation of my thesis supervisory committee. The stories that were shared as a result of these questions contributed greatly to the success of my study. Creswell (1998) indicates that questions do change during the research process, and reflect an increased understanding of the problem. My questions changed also as I observed the ease or difficulty that participants had in understanding and answering them. I thus considered that my study interviews were about asking questions in transition. When I looked at my interview notes, for example, I was consistently writing "rethink this question" when many participants that I interviewed had difficulty answering the question of how their inspiring and tension-filled experiences were different because I assumed that they should be. However, as my thinking evolved in this interview process I understood that what I really wanted to know was what they learned from their experiences, both inspiring and tension-provoking.

The information gathered in these twelve individual interviews was reviewed in comparison to what the literature that I had explored told me about well-being in the workplace. Based on what I had learned from my beginning interview experiences, I decided to take the opportunity in later individual interviews, where time allowed, to pilot some questions around learning that I had planned to ask in the group interviews. Piloting these learning related questions was beneficial because I began to understand that it was not easy for participants to articulate what learning was, let alone express explicitly how they experienced learning in their everyday working lives. They repeatedly expressed a "love for learning," and admittedly found it difficult to remember situations where they experienced tensions around learning in the workplace. They seemed hesitant to say out loud that learning was not always fun. This issue of how to ask questions that could explore different dimensions of learning at work puzzled me for some time, and talking about my early findings was helpful in making sense of this dynamic. For example, I was invited to share some of my early findings with a group of human resource employees in a civil service organization. During an ensuing discussion with the seminar participants and a fellow student presenter, I had one of those 'ah ha' moments: perhaps I could ask questions in a way that took the focus off the love for learning, and talk more about the ease and difficulties experienced around learning at work.

A comparison of participants' actual experiences, as told in the single person interviews, to what was represented in the literature helped me to identify patterns or themes of well-being that I used to prepare questions for the group interviews (Appendix C). Once I was satisfied with the focus group questions that I had developed, I tested them on my family. It was amazing how much insight a nine and eleven year old had about keeping things simple. The group interviews involved seeking participants' responses to the patterns that I identified around well-being and tensions in the workplace, as well as a rudimentary view of learning dimensions of these experiences. The interviews then moved on to questions that were meant to invite participants to share more detailed experiences about learning at work.

Trust: Weber (1986) explored the issue of participant trust in the researcher. She expressed a concern that researchers make only passing reference to the lived experience of interviewing, as if it were a well-established, easy to use, uniform tool with implicitly understood techniques. Of note is her reflection about the risk of revealing that which participants do not want to reveal.

> The risk of exposure … and the call to commit one's oral discourse in an exceptional way is often one-sided in the interview situation, both the researcher and participant knowing full well that the focus of analysis will be on what the participant says, not on the fumbling words of the interviewer. This perhaps, is the heart of the potential unfairness of the interview experience. What the researcher says does not often show up in print for the world to see. As long as it is the researcher who records, asks the questions, and decodes how to deal with the interview material, the balance of power usually remains firmly in his or her hands. (Weber, 1986, p. 67)

Tied to risk of exposure are elements of trust: by accepting the invitations to interview, participants are showing trust and hope that what will be discovered will be good (Weber,

1986). Further, participants trust and hope that researchers will be faithful to them and their experiences by not misinterpreting, misrepresenting, or distorting their meaning and intentions, and by not revealing publicly that which should remain private (Weber, 1986). Trust, even once attained, can be very fragile because there exists a hierarchical relationship, with the participant being in a subordinate position (Fontana & Frey, 2000). Feminist poststructural researchers demonstrate reluctance to interview participants as objects with little or no regard for them as individuals. There is, therefore, a shifting emphasis on developing closer relationships, on showing a human side, on expressing feelings, and on answering questions (Fontana & Frey, 2000).

I have noted in my journal a reluctance to inject my own experiences in the interviews. Mainly, I did not want to lead participants in their answers to my questions. I also did not want to minimize their experiences by having them think that there was only one right way to attach meanings to them. Second was the reassurance I gave participants when, on more than one occasion, they commented "this is confidential right?" These comments cued me to the sensitive nature of information they were sharing. In keeping with what Weber (1986) suggested, I did not reveal in my interpretive account of that which participants asked me to keep private. My sensitivity to their requests stemmed from active listening.

Listening: One way to remain faithful to the participants in my study was to try to understand their stories from their vantage points (Anderson & Jack, 1991). From a feminist poststructural view, this process, known as active listening, helps to minimize the betrayed experiences to which Weber (1986) refers: "We tend to focus our analysis on *what* was said, forgetting or neglecting *how* what was said made sense" (p. 70, original emphasis). Drawing from Weber, in order to focus on both the what and how of what was said, I employed multiple story gathering methods, including observing participants' non-verbal behaviours in the interview situations, listening to their voices in the tape recordings, and keeping a reflexive researcher journal. Reflexive writing, argues Davies (2000), could allow us to see how, through language, the subjected being may overshadow or eclipse the discourse through which the participants and I took up our being, thus, refusing its permanence and inevitable supremacy. This overshadowing, writes Davies, opens up possibilities for undermining the inevitability of particular oppressive forms of subjection by making visible the ways in which power shifts dramatically. We can then begin to imagine how to reposition ourselves, realign ourselves, and use the power of discourse we have to disrupt those of its effects we wish to resist (Davies, 2000).

As part of the feminist poststructural approach, I invited the participants of my study to write reflective journals. Using multimethod approaches, including journaling, is meant to help achieve broader results: humans are complex and their lives are ever changing; by using multiple methods, we have better chances to gain understanding of how they construct their lives and the stories they tell about them (Fontana & Frey, 2000). Journaling apparently worked well in some feminist poststructural studies (e.g., Lather, 1991). In my own study, I did not experience success in my request that participants journal, even in instances where some already regularly journaled in their

daily lives. I provided participants with general suggestions for those who wanted direction on what to write about (Appendix D). Creswell (1998) argues that journaling is a popular data collection method, but issues, such that I experienced in my study, arise around what instructions should be given, and around participant comfort with this method. I am aware, also, that I was likely contending with the issue of participants' lack of time; it may be that journaling was one more task that someone was asking of them. For example, when I visited some participants in their workplaces, I noticed the journals that I gave them to write in were sitting in their "to do" piles, as they referred to them. Admittedly, I did not pursue the lack of response to journaling, because I was uncomfortable forcing participants to partake in this activity. I respected their already busy lives and heavy workloads. Even so, I did receive brief journal notes, either in book or email form, from nearly one half of participants. These notes predominantly focused on either definitions of well-being, or brief descriptions of what participation in the study meant personally. The issues I experienced around using this multimethod approach to data collection raise the concern about ensuring data trustworthiness.

Ensuring Data Trustworthiness

"Qualitative inquiry represents a legitimate mode of social and human science exploration without apology or comparisons to quantitative research" (Creswell, 1998, p.9). Even so, it can be difficult to engage in qualitative research if it does not have some guidelines or specific procedures. A central task for feminist poststructural researchers, argues Lather (1986, 1991), is to confront the issues of empirical accountability, in other words, to establish trustworthiness of data, descriptions, and analysis. Drawing from earlier works (Guba & Lincoln, 1981; Reason & Rowan, 1981), Lather (1986, 1991) reconceptualizes trustworthiness in terms of feminist poststructural research. In this reconceptualization, she addresses four techniques for ensuring trustworthiness: triangulation, construct validity, face validity, and catalytic validity.

Triangulation in Lather's (1986, 1991) reconceptualization is similar to what others (Fine, Weis, Weseen, & Wong, 2000; Guba, 1981; Guba & Lincoln, 1981; Reason & Rowan, 1981) suggest: a firm reliance on gathering information from multiple data sources, all of which are meant to allow "counter patterns as well as convergence" (Lather, 1991, p. 67). My intent in gathering information from participant journal entries, had this been used consistently, would have served this purpose. Even so, focus groups like those I held in my study helped serve this purpose, according to Fontana & Frey (2000).

Construct validity refers to operating within a conscious context of theory-building (Lather, 1986, 1991). In other words, do I seek to extend, revise, or corroborate the theoretical tradition I am operating within? Essentially, the answer lies in a "systematized reflexivity," which implies confronting and respecting the everyday lives of participants in order to guard against imposing a priori theory on their experiences (Lather, 1986, p. 271). In my own study, I was guided methodologically by feminist poststructural theory. In addition to this, my intent was to theorize well-being and learning within the traditions of various literatures, including that related to healthy

workplaces and workplace learning. In order to proceed with this process, I first provided descriptive analysis from the participants' own viewpoints, and then applied to this description a feminist poststructural analysis.

Face validity, as a means of ensuring trustworthiness, is akin to member checks detailed by Guba (1981). The idea here is that participants are afforded an opportunity to review and respond to the interpretive account to ascertain the degree this account offers moments of recognition (Lather, 1986, 1991). For example, participants in my study, with the exception of one NP who relocated during follow up, have reviewed the findings chapters of my thesis. Lather (1986, 1991) points out, though, that face validity by itself is potentially problematic because there is some level at which participants may not be aware of how their experiences are shaped by the conditions and structures they encounter in their daily lives. The theorizing essential to construct validity, therefore, becomes an important balancing process in ensuring trustworthiness.

Catalytic validity "represents the degree to which the research process reorients, focuses, and energizes participants towards knowing reality in order to transform it" (Lather, 1991, p. 68). In other words, it represents the degree to which participants gain self-understanding, and are driven to change the conditions to which they are subject. While catalytic validity is an important consideration, there is no clear explanation of how this should occur. It has thus been difficult to incorporate catalytic validity into the design of my study without doing long term follow up. Even then, would participants be consciously aware of any transformation/s they have experienced? I did, however, make an attempt to elicit this information in the reflective journals.

Interpreting the Narratives

Data analysis in my study was really about interpreting the conversations that I had with the women who participated in the interviews. Borrowing from hermeneutics, this interpretive process involved two considerations: part/whole relationships and reflection.

Part/Whole Relationships

Leonard (1994), in her description of part/whole relationships, explains that through systematic analysis of the whole, I ought to gain new perspective and depth of understanding. I then use this understanding to examine parts of the whole, and the whole in light of the insight that I gain from the parts. The research process follows this part/whole strategy until I am satisfied with the depth of understanding I have achieved. In my study, this back and forth, part/whole process developed in different ways: 1) out of conversations I had with other nurses, other students, and the study participants; 2) from feedback shared by my graduate supervisor throughout the research process; and 3) by holding multiple interviews, with analysis undertaken at each level. These strategies helped me to develop a deeper understanding of themes that were becoming apparent to me in the interview narratives. For example, I performed an analysis of the data during and after the single person interviews. My own reflection on these early findings also

provided additional sites of focus for further questioning in the group interviews. What I excluded or de-emphasized at this level had, according to Peshkin (2000), consequences for how and where my interpretations proceeded. From a feminist poststructural perspective, my task as researcher was to make central the socially mediated nature of the construction of knowledge, thereby addressing a question that Lather (1991) asks: Who speaks for whom? Therefore, while I recognized that multilevel analysis was important, I came to understand that it could not happen in isolation of the women who participated in my study.

Reflection

A second consideration in my interpretation of the conversations was the act of reflection. Leonard (1994) discusses three interrelated processes of reflective analysis: thematic, episodic, and paradigmatic. As I read my data transcripts and listened to the tape recordings several times, themes became apparent. This thematic analysis culminated in the identification of the general categories that formed the basis of my study findings: descriptions of well-being, learning in the workplace, and their interrelationships. Episodic analysis, according to Leonard, means capturing the participants' meaning about specific situations in such a way that the meaning can be recognized in another situation that might have different objective circumstances. In terms of my study, I shared my analysis of data from the single person interviews, guided by a written handout, with participants in the group interview situations. This handout delineated specific common and divergent episodes or situations related to well-being and tensions that arose in their work, as derived from the individual narratives. I actively encouraged participants to respond to my interpretations, and I committed interview time to this process. Their responses to my interpretations, and further group discussion helped me identify paradigm cases, defined by Leonard as strong instances of particular patterns of meaning that embody rich descriptive information. These paradigm cases informed my understanding about how actions, as social constructions, emerged from the situational context. In my study, paradigm cases occurred by way of a feminist poststructural analysis of data illuminating the conditions and structures of the workplace that impact learning and well-being. Peshkin (2000) suggests that when everything appears to cohere, fit, stand to reason, and my question no longer puzzles me, I have closed in on an interpretation.

Following Ellis (2003), when I reflected on the outcomes of my research, I considered those outcomes that I expected as well as those that surprised me. From a feminist poststructural perspective, this reflection on what I expected in comparison to what I found helped me probe the blind spots of my own conceptualizations (Lather, 1991). For example, I anticipated that women who experience well-being negotiate the conditions of their learning in the workplace. I was surprised, though, at the extent to which participants' own inner-resourcefulness and self-preservation were factors linked to this process. Also in my reflection, I wondered if I represented my own a priori interests. Borrowing from Peshkin (2000) "was I so hell bent on pursuing [the interrelationship of well-being and learning in the workplace] that I [made] it into a template within which everything else had to fit?" (p. 7) – a condition Lather (1991)

refers to as a lust for authoritative accounts. One way that I minimized my authority was to give the women who participated in my study an opportunity to review and respond to my written interpretation of their stories.

The Written Report

Based on the above conditions of authority expressed by Lather (1991) and Peshkin (2000), the goal of my interpretive account, then, was not to destroy, distort, decontextualize, trivialize, or sentimentalize the everyday practices and experiences of the women I studied (Benner, 1985). Rather, the purpose and nature of my study, more specifically my written report, was to provide enough illustrative data to share what was learned, thus enabling readers to form their own interpretations (Ellis, 2003). I had a responsibility to think through the power and obligations of my research; it was not enough to bracket out my world and engage in reflexivity about how my subjectivities co-produced the empirical findings on which I reported – a practice that potentially silenced those I wrote about (Fine et al., 2000). Instead, I had a responsibility to report in a way that could potentially transform public consciousness: to write in ways and construct stories that interrupted and reframed victim-blaming mantras (Fine et al., 2000). For example, was it enough to write that these women accepted their fate as their own doing? Was it enough to report that they felt personally responsible for their own well-being? Could my writing show them that there were larger forces in the equation? What could we learn from my power to write about what was hidden from scrutiny: the self-blaming; the noticeable absence of their voices in actions and policy; and the lack of collective actions? How could I shape our understandings of well being and learning in the workplace, given that "coalitions are few, even if moments of interdependence-for-survival are frequent" (Fine et al., 2000, p.111)?

In the end, I accepted certain unresolvable issues or contradictions, and I chose in chapters 4 and 5 to represent my findings first from the participants' viewpoints. In these representations, I interjected moments of feminist poststructural analysis to cue readers to possible embedded contradictions in the participants' work. Then, drawing from other scholars, I further developed these contradictions in chapter 6 in hopes of drawing readers' attention to how the conditions of participants' work shaped their experiences of well-being, and experiences of learning. This so-called "[e]mancipatory knowledge increases awareness of the contradictions hidden or distorted by everyday understandings, and in doing so it directs attention to the possibilities for social transformation inherent in the present configuration of social processes" (Lather, 1986, p. 259). Therefore, as shown in chapter 7, if my research accomplished anything, at the very least I hoped that it illuminated for participants that they were subject to common conditions and workplace practices, and these became sites of potential collective activity and change. In this hope I was, however, aware of ethical considerations that guided my treatment of the women who participated in my study.

Recounting Ethical Considerations

Prior to recruitment and beginning data collection, formal ethical approval to conduct my study was obtained from both the Educational and Extension Research Ethics Board at the University of Alberta, and the organization specific ethics review board. My study procedures adhered to four ethical principles required by the ethics review boards. First was the issue of informed consent. This meant that the participants were to enter my study voluntarily, and that they understood the nature of this study, including the risks and obligations that were involved. This consent process was a tool to remind me of my accountability and position as a researcher, thus, stripping me of illusions of friendship and reciprocity (Fine et al., 2000). Though I took this process seriously, I found it interesting that many participants signed the form without reading the entire document. Was this because they were used to completing forms? Was it because they were used to being involved in research in one capacity or another? Regardless, prior to commencing each interview, both the single person and the group, I again reviewed the consent process and ethical considerations. Based on recommendations from the ethics review boards, at the group interviews I reiterated especially 1) the issue of member confidentiality outside the group setting, and 2) the issue of the right of participants to withdraw from my study up to the time that the interview started, after which time it would have been difficult to remove participant responses from the data collected. No participants exercised the option to withdraw from my study.

Second, I had a responsibility to protect my research participants from harm, the ethical principle of nonmaleficence. In other words, I had to be careful not to expose participants to risks that were greater than the gains they might have derived from participating (Bogdan & Biklen, 1992). Specifically, these participants indicated that this meant not being able to be identified, either by people in their organizations who knew about my study, or by those among the small population of NPs across Canada. I had to be careful about how I wrote about each participant and the specific examples she shared, because individuals' positions, and their experiences within these positions, were unique enough to compromise their hidden identities.

These concerns about identification were linked to the third and fourth ethical principles, anonymity and confidentiality. Anonymity referred to both my written and verbal reports, and was meant to protect the identities of participants so that the information they shared with me would not embarrass or harm them. For this reason, participants were represented by a pseudonym of their choice. Also, I considered all the stories that were shared with me to be highly sensitive, and treated them with utmost confidentiality and respect.

Aside from these four principles, I considered two additional ethical considerations outlined by Denzin (2000): respect and negotiating. Respect meant that I was expected to be honest and up front about my research interests. I met with each participant one to two months prior to her interview to inform her of the study procedures. During this introductory meeting, I reviewed the study information letter, which explained the general purpose of my study and the time and reflective commitment

required, as well as the consent forms (Appendices E & F). A delay between this introductory meeting and procedure with the interviews occurred when I decided, at the request of many participants that volunteered, to add single person interviews to my study procedures. In the instance where I had already met with some participants before adding single person interviews, I arranged a second introductory meeting, and reviewed the revised, ethically approved information letter (Appendix G) and additional consent form (Appendix H). Respect also meant that I needed to make my participants aware that I was tape recording and making notes during their interviews, and that these would later be transcribed. Participants were informed that the transcriber was, as well, bound by confidentiality (Appendix I).

Negotiating denoted processes of seeking permission to share results, and coming to agreement on terms of the study. These negotiations were in turn closely tied to honesty, which meant that I had to report what my data revealed rather than the conclusions I wanted to reach. Each participant was asked to personally validate the written findings representing her work-life, well-being, and learning, as these appear in this document. Aside from being a method of member checking, this action highlights a new direction in ethical research – that of *social ethics* and *feminist communitarianism* (Christians, 2000). Essentially, this means that as a social researcher, I must espouse compassion and nurturance above merely avoiding harm (Christians, 2000). Therefore, underlying any research involving humans, there is an overall ethical commitment to doing good and meaningful research that will produce knowledge (Fontana & Frey, 2000).

Conclusion

The aim of this chapter was to provide an overview of how I approached my interpretive research study on the interrelationships between experiences of well-being and experiences of learning in the workplace. The purpose of sharing this approach was twofold: 1) to explain how I planned to conduct my study, and 2) to discuss how the study actually unfolded. In summary, my study involved single person and group interviews with twelve women NPs. This study process evolved in a way that attended to the procedures expected of feminist poststructural researchers: a reflective account detailing descriptive and analytic findings drawn from the participants' narratives.

Chapter Four

Experiencing Well-Being at Work

This chapter explores experiences of well-being narrated by the twelve Nurse Practitioners (NPs) who participated in this study. In this chapter, I am interested in how these women in nursing experience well-being in connection with different organizing activities in a particular health care institution that is recognized nationally for being a healthy and innovative place to work. I am using healthy to refer to workplace practices, such as learning, that contribute to employee well-being. I am using healthy workplace to refer to work environments where workers enact and declare well-being – where well-being means both enjoying work, and feeling inspired and energized relative to this work.

For the twelve participants, a key dimension of well-being in the workplace appeared to be linked to learning to enact a distinct knowledge that they claim as NPs. From my conversations with the participants, the distinct knowledge they claim as NPs is part of the identities they construct in their everyday experiences. Feminist poststructuralists posit that we live in multiple, contradictory representations of social locations constituted through class, gender, race, sexuality, history, culture, language, and individual experiences, all of which contribute to what we understand to be our identities, and to what we recognize as our voices (Lather, 1991; Orner, 1992). Identities, therefore, are embodied in the multiplicity of our everyday experiences, none of which are certain (Luke & Gore, 1992). In this study, the identities of the twelve participants appear to be informed by their ways of knowing, in their sense of knowledge, which feminist poststructuralists accept as "provisional, open-ended and relational" (Luke & Gore, 1992, p. 7).

Based on these understandings, this chapter will focus on one main question: What is well-being according to workers? In answering this question, I must point out that, in this and the following chapter, I am presenting a mainly descriptive analysis of participants' narratives and experiences, shared in their own words. The work of NPs and the knowledge they derive from their everyday experiences may be unfamiliar to readers. Therefore, before proceeding to answer the question that I have proposed about well-being at work, I provide information about the circumstances of this work based on the stories that the twelve NPs have shared.

How is the Work of NPs Organized?

I have divided the work that the participants perform according to commonly understood domains of practice within the NP profession: clinical practice, administration, education, research, and consultation. The language that many participants used in the interviews confirmed my own observations that these domains of practice were upheld in their workplace and dictated the organization of their work.

Clinical Practice

The majority of NPs who participated in this study indicated that they worked in primarily 'inpatient' roles in an acute care environment, where 'inpatient' referred to in-hospital care. Four met also with people in outpatient clinic settings, either exclusively or in addition to their inpatient caseload. Regardless of how they were positioned in their organization, all were involved in the day to day management of patient care, and this was a key component of their clinical practice: "managing a patient care load … [developing a] plan of care and monitoring the plan of care" (Jane M). As was the case in most instances, those who were afforded opportunities to provide direct patient care, especially from beginning to end, derived satisfaction from their work. In rarer instances, positions that limited direct patient contact were deemed less satisfying. Sophie, for example, was finding her work to be less satisfying because her interaction with patients was being limited to telephone "coordination providing linkage between the physician and the patient."

What was unique to their positions as NPs, in comparison to what other nurses did at work, was that they conducted these clinical activities from within an expanded scope of practice. This expanded scope included independently diagnosing and prescribing, functions that 1) were historically limited to physicians, and 2) they, as NPs, were legally permitted to perform. The functional boundaries that this expanded scope provided, however, were not always recognized or acknowledged by other health care providers. Other nurses, especially, were challenging the independent activities ascribed to NPs, resulting in frustration for some participants. Mindy, for example, told a story about having her patient care orders changed by another nurse who was not in a position to do so. Jane M. told a similar story wherein her orders were ignored by nurses, as did Jen, who was asked by a manager to show documentation that she was authorized to prescribe a medication.

In contrast to those situations where the expanded scope of NP practice was disavowed, opportunities emerged from participating NPs' everyday work such that they could demonstrate what their capabilities were, and how their expanded knowledge was useful. Many participants indicated that these opportunities often arose in "heat of the moment" clinical situations.

> Arriving on the unit and hearing the alarm bells go off and people call for [my help] because the mother's delivering a baby in the toilet and having to hold that baby, that was just, that was something you know which I'll never forget … And all the nurses are just backing off because they see me there and I have to handle everything. And just holding that baby until the physician arrived to deliver the rest, the head. Just emergencies like that. Handling a crisis situation and doing that well and debriefing staff after 'yes, we did the right thing' or 'maybe next time do this or that', that whole debriefing process after crisis I quite enjoy as well. (Jane C.)

Other participants indicated that situations occurred at work where they used their expanded knowledge for problem solving and adding new information to diagnostic processes, which had been overlooked by others. Sara, for example, told a success story

of using her knowledge to change the treatment of a patient with a serious infection. Grace, as well, shared a success story wherein she had queried the presence of a disease condition in a patient that had not been included in the differential diagnosis. Though the response to this query had initially been "no that is not possible," she found out later that she had made a "good call." In either of these scenarios, using the knowledge they had acquired through NP practice was energizing, and left them feeling good about themselves at work. These findings suggest that when these employees are afforded latitude to function within the full scope of their practice, they experience feelings of both respect and satisfaction at work.

Administration

Seen within their organization as nursing leaders, participant NPs were expected to partake in different administrative activities. Most, for example, represented their programs on worksite committees, such as safe administration of medication. Their participation on these committees, as was the case for other administrative activities, was often an assigned responsibility in support of a belief that NPs needed to expand their scope of practice beyond clinical care. Involvement with program or organization wide administrative activities could also include project work, such as adverse events reporting, or pre-printed patient care orders. Some participants were responsible also for supervising the patient care administered by small groups of specialty nurses. This aspect of administrative responsibility was, according to Jane M., rewarding: "I don't think they've verbalized it but … they nominated me for an award, which I found was very flattering. That was more than just a 'you're doing OK' sort of thing; they went to that extra trouble."

Involvement in administrative activities afforded the NPs: 1) access to information, 2) visibility, and 3) opportunities to express their views. These features were important to participants because they were given a chance to showcase the knowledge and capabilities they derived from their expanded nursing roles to others within the organization. Even so, some participants expressed concern that involvement in administrative activities came at a price. The time spent participating in administrative activities kept them away from direct patient care, which was not only the work that they loved, but also where they believed they were making a difference. Therefore, these employees appeared to derive satisfaction when invited to participate in administrative activities that aligned with both their interests, and the work they did in their everyday clinical practice.

Education

All participants were involved in one capacity or another in educational activities, both formal and informal. Involvement in formal activities included teaching in nursing orientations, teaching in specialty interest courses, presenting at various nursing or medical rounds, presenting at and organizing conferences, and developing competency-based learning modules for other nurses, and for themselves. Some participants spoke also of their involvement with the nursing faculty from the local university. In their

affiliation with the nursing faculty, they were called upon to organize nursing courses, share information in small group seminars, or supervise (precept) NP students. Less formal involvement in education was related to coaching in the clinical setting, often one on one with nurses at the bedside. Many participants indicated that this informal teaching was what they loved about their work. Jane C. explained, for example, that teaching and information sharing occurred when new ways of administering patient care were introduced into the clinical setting; she indicated that NPs tended to be the resources that nurses accessed for clarification and information. Drawing from the participants' narratives, I have determined that NP to nurse interaction is an important facet of their everyday work. Participants find their work satisfying when it is organized in a way that permits them to interact with and support the growth and development of their nursing colleagues on a daily basis.

All study participants spoke enthusiastically about the teaching and information sharing that they did with patients and/or their families on a daily basis. Unanimously, they indicated that patient and family teaching was an important component of what they did at work. This way of thinking appeared related to a conviction they shared about the importance of patient and family centred care. They maintained that their commitment to patient and family centred care, in combination with their capacity as NPs to interpret the health care system for patients and families, was the foundation of their unique contribution to health care. "I love to teach, whether it's family teaching…the family interaction is probably the highlight of my day" (Nancy). "Nursing comes in to play when you're speaking with families and dealing with families" (Lil). "There's lots of teaching with the family and reassuring ….I do spend a lot of time with the families and that definitely is the majority of my day…just to develop that relationship" (Jen). These excerpts suggest that these NPs were satisfied when their work was designed in a way that legitimized the time they spent everyday providing patient and family teaching. It was during these times, when they were using their expanded nursing knowledge to support the growing and developing family system, that they felt good about themselves at work.

Research

Research involvement, as a domain of NP practice, was not discussed widely by the participants. Only three participants, for example, spoke about their active involvement in conducting research. This point is worth highlighting, because some participants commented on a prevailing belief in their organization that their graduate education provided them with the knowledge to both conduct and interpret research. This belief in their research expertise, however, was possibly misconstrued, as less than half of participants deemed themselves well-equipped to conduct, interpret, or disseminate research independently. Regardless, the participants who spoke about this domain of practice acknowledged that they had more research know-how than other groups of nurses they worked with.

Many participants acknowledged that participation in research processes could be meaningful work experience. Grace, Jane C., Lil, and Mindy spoke about successful

partnering with physicians to conduct and disseminate research. Others explained, however, that they experienced too many organizational "roadblocks," – such as lack of protected work time, or not getting support to attend conferences – which dissuaded them from participating broadly in research activities ranging from conducting studies to disseminating findings. Even so, these participants indicated that they were formally evaluated on this domain of practice, which was distressing. Based on these comments, I speculate that engaging NPs in this domain of practice, perhaps expanding their knowledge and contributing to their satisfaction at work, may be encouraged through active collaboration with, or mentorship by, research experts within the organization. Further, if research practice is to be an evaluated organizing activity, then NPs need to be extended organizational support in order to meet these requirements.

All participants acknowledged the importance of being aware of research findings in order to "stay on top of literature and current practice" (Nancy). This awareness was termed "best practice" or "evidence-based practice" by participants, which, according to Mindy, meant:

> … being able to link data with either proving or disproving a hypothesis, like the differential diagnosis.…being able to find confirmation that what we're doing here, this is a very reasonable thing for us to change because here's all the data. We thought intuitively that we wanted to make the change, here's the data for it, let's make our change.

Evidence-based practice permeated especially the clinical care that NPs were involved in everyday. This meant that clinical expertise was integrated with the best available scientific evidence (Centre for Evidence-Based Medicine, 2007) to improve both the quality and the effectiveness of patient care NPs provided. The knowledge they acquired through this process was exploited in different ways within the organization. For example, some participants spoke about using the evidence to develop policies and procedures, while other participants spoke about sharing information with other health care providers to support changes in the way that patient care was administered. In any case there was, according to Sara, "satisfaction in being able to use the literature to support the knowledge" that people had. Various factors, such as time, workload, computer access, library access, and social relationships, influenced how the participants experienced the evidence-based aspects of their work.

Consultation

Each NP had developed some level of expert nursing knowledge in her respective clinical area. This expert knowledge was beyond that which was expected of a bedside nurse, but was not dissimilar to other groups of specialized nurses whose work was highly involved with subgroups of patients. Registered nurses positioned in diabetic teaching clinics, for example, would be expected to develop an expert knowledge around the disease and its management. Nurse Practitioners, however, were authorized also to diagnose and prescribe in these consultative situations.

The degree to which the participants were called upon for consultation varied with each position. Sara, for example, explained that her work was largely organized around

formal consultation, and was set up for the purpose of helping nurses and physicians with "difficult or more complex cases." For many NPs though, consultation was a less formal process that often grew out of their day to day involvement in patient care. For instance, they often were asked by other health care team members to provide expert opinions in more complex patient care issues, such as wound care, pain management, chronic disease management, and feeding concerns. They appeared to take pride in their capacity to problem solve in these complex issues. As Sophie indicated, it was fun to be a "bit of a Sherlock Holmes."

Although the NPs acknowledged that consultation was a part of their work, it was not without its problems. Sara explained that, because she was in a newly created NP position and she was trying to make it successful, she encountered problems with being too available for consultations. She was referring mainly to situations whereby nurses were not using the knowledge they had, and were consulting her for even simple cases. As a result, she was finding it difficult to manage her workload. She indicated, however, that she was learning to set boundaries to make her work more manageable, a process that she acknowledged would take time and resources to change. Sophie experienced similar workload issues; she was finding that because she was perhaps too approachable, she was asked to complete menial tasks that physicians did not want to do. She, as well, stated that she was experiencing stress from these workload issues, but that she was slowly learning to gain control at work by saying no, and giving the work back. The "trick," Sophie said, was not feeling guilty about doing so. This is an important point to highlight, because feelings of guilt about advocating for what NPs should and should not be doing at work permeated nearly all participant narratives. Drawing from these narratives, it appeared that work was satisfying when the expertise that NPs had was respected and used appropriately, namely in situations where their level of expertise was required. This claim was not meant to denounce situations where this did not occur, because work expectations around consultation differed among each participant. It was to express, however, that constant boundary penetration, such that it caused ongoing workload issues that resulted in distress, was not sustainable over time.

Summary

The aim of this section was to provide basic introductory information about the nature of NP work as participants experienced it in the everyday. The purpose of sharing these experiences was twofold: 1) to show how their knowledge was linked to the five domains of NP practice and 2) to show where they derived satisfaction in their work. In summary, many of the participants expressed a genuine passion for the clinical domain of NP practice; it was when their everyday work involved direct contact with patients and families that they claimed to feel most satisfied about their work. The other domains of practice brought satisfaction when they were using their knowledge: within the full scope of their NP practice; in administrative activities that aligned with their interests and clinical practice; to support the growth and development of other nurses as well as patients and their families; to support best practice in patient care; and at an advanced level to complement the care that other health care personnel provided.

What was most appealing to many of these workers, regardless of the nature of work that they were involved in, was having the freedom to decide and organize what needed to be done at work:

> I know that the role includes this amount of work. But being able to say 'I'm going to finish this [project]' and having that as part of the role, that's important to me. So being able to, I guess, align my interests with the expectations and having some leeway to do that – that's really important. (Grace)

They were inspired in this work when they deemed that the outcomes of their efforts made a difference in the lives of others, such as feeling a sense of accomplishment when they helped nurses grow in their roles. These moments of inspiration appeared to be closely linked to a sense of well-being for all participants. It is to this sense of well-being at work that I now turn.

What is Well-Being According to these Workers?

Employee well-being in the workplace tends to be conceptualized from three perspectives, reviewed in detail in chapter 2: work health problems, the psychology of well-being, and socioenvironmental awareness. Drawing from the perspective of work health problems, employee well-being is often defined as absence of work-related stress. Moving beyond this illness discourse, employee well-being within the psychological perspective tends to be defined as being happy and satisfied at work. Within the third perspective, socioenvironmental awareness, employee well-being is conceptualized more holistically to include not only absence of work-related stress and being happy and satisfied at work, but also feelings of vitality and energy. I have shown in chapter 2, however, that today's workplaces are anything but stress-free. Further, the difficulty with these perspectives of employee well-being at work is that they focus mainly on individual risk conditions; they therefore do not explore the possibility that well-being might be constructed both through the work that employees do, and within their connections to others as they do this work. Well-being through working is not only an individual accomplishment, but also a relational phenomenon. My own definition of well-being at work is, thus, as follows:

> Worker well-being refers to a multidimensional process of developing wholly within one's work: physically, psychosocially, spiritually, and intellectually. In this process, workers are empowered both to use their existing knowledge, and to generate new knowledge to meet the daily challenges of their work. Well-being points to enjoying work, such that workers are able to learn or, in other words, change and expand their ways of doing things. In this work they experience awareness that they are healthy, thriving, and full of life. The essence of their well-being is a sense of connection to their work, and a sense of optimism that what they do at work matters, and that it makes a difference in the lives of those they connect with.

I have organized the study findings related to well-being by drawing upon categories evident in the literature, reviewed in detail in chapter 2. These categories are as follows: experiencing physical vitality; enjoyment of work and home; being confident and acting upon what one enjoys; experiencing a sense of control; deriving a sense of

meaning or purpose from work; experiencing opportunities to be creative; and personally growing and developing. In many ways, the language that participants used to define well-being bore similarities to what I had previously highlighted in the literature. For example, some participants indicated that well-being was feeling good at work. Many participants did, however, provide examples where they did not experience well-being at work. For this reason I have included an additional category, titled the antithesis of well-being, which will precede the other categories.

The Antithesis of Well-Being

It seemed difficult for some participants to articulate what well-being meant to them; they found it easier instead to discuss what well-being was not. Many participants were able to judge absence of well-being based on: 1) feelings they recognized within themselves, or 2) behaviours they noticed in others. Words they used to describe their own feelings of not being well at work included: anxiety, tension, stress, anger, conflict, discomfort, not feeling useful, and not feeling competent. They deemed others as having an absence of well-being when they were negative, gossipy, miserable, grouchy, and upset at work.

When asked the question of when either they or other people at work experienced these antithetical feelings, some participants indicated that the perceived quality of care they provided, such that they made a difference in the way that patients and families experienced the health care system, hugely impacted how they felt. Further, they were aware that not being able to practice within the full scope of what NPs were capable of negatively affected their well-being at work: "I have a vision of how my practice is going to be. Not only that but I've experienced it. This feels like I've taken a step backwards" (Sophie).

The antithetical feelings and behaviours also negatively impacted others. Some participants spoke about observing a ripple effect whereby negative, gossipy, angry, and stressed individuals could "poison" or "infect" those around them, causing these participants to question, "Why were people who were so unhappy at work staying?" This led me to question: What was the point at which individuals decided to leave the organization? Sophie answered: "There comes a time when you feel powerless to affect any change. I don't want to be here for ten years and I've had a stroke in the meantime thank you. [My] quality of life [is affected] and I'm putting myself at risk."

In sum, participants indicated that there were times when they did not experience well-being at work. More specifically, they experienced tension when they could not provide quality patient care, when they could not work within the full scope of their NP practices, or when they felt powerless to affect change in how they performed their work. These findings raise questions about the conditions of participants' work, such as access to resources, underutilization of their nursing knowledge, and their level of involvement in decision making.

Experiencing Physical Vitality

Physical vitality, according to nearly one half of participants, was an important aspect of well-being. The physical part of well-being, according to these participants, meant taking care of their bodies. Some spoke enthusiastically about their physical achievements: "I am just learning how to get in the zone as an athlete … I want to climb Kilimanjaro before I'm fifty, so I started with a personal trainer. So I'm just starting to get my body turned around so that I can actually do that. And when I'm exercising I finally figured out what runners [mean] when they say they're in the zone" (Mindy).

Physical health was, according to Amy, "sort of at the root of anyone's well-being because psychological well-being is fabulous but, if you are in pain or you are not feeling good, then you can be quickly undermined." Mindy's experience supported this belief. She talked about how her chronic disease condition was exacerbated by the tensions she experienced at work around the lack of understanding about the NP's scope of practice. She indicated that part of taking care of herself, such that she was able to cope with the stress of coming to work, was going to her physician to discuss strategies to get her condition under control. One of the recommendations made by her physician was to take time off work. Even though Mindy agreed that this would help her recover, she felt committed to being at work to resolve the systemic issues that she was experiencing. Conversely, Jane C. spoke about how being recently diagnosed with a chronic disease condition had changed her view of well-being. She had gained a different outlook through this life altering experience, such that she had come to understand that physical health did not always detract from her well-being:

> [Physical] health is probably involved in part of it…its sort of different now with my health issues. My health issues have restricted some of the things I can do at work, but I have a supervisor who's found a spot for me where I can still function, so that's been a big help. Putting the right people in the right place, so they can use their talents and abilities well. So, I was able to find a spot where I can still feel like I'm using all my talents and abilities to their maximum. (Jane C.)

Her point is an important one. Mindy's chronic condition had worsened directly as the result of her not being supported in resolving the tensions she experienced at work. She did not feel satisfied while at work because the practice limitations that were placed on her left her feeling that she was not contributing fully to patient care. On the other hand, where Jane C. felt supported in her work, including changing the nature of this work to alleviate the stressors she experienced, she felt good about both being at work and her contributions to this work.

Enjoyment of Work and Home

Well-being, according to all participants, related to having a balance between the enjoyment of work, and home. In this instance, being balanced meant having equilibrium between time spent in work and home activities, while equilibrium itself meant "being in a happy place and coping with whatever came at you at home or at work" (Lil). Behaviourally then, internal feelings of balance and equilibrium were demonstrated externally as being calm and poised both outside work and at work. Although both

instances of balance are discussed, the focus of this category of well-being is work-related balance.

Balance outside work: Balance outside work was experienced in many ways by participants. More specifically, participants' narratives commonly pointed to having some level of certainty and stability at home, and knowing that work was not going to interfere with this. For example, one half of participants had young families. For these participants, stability related to knowing for certain that work would not interfere with being able to provide for their children the way that they needed, such as being able to take them to school, or being able to care for them when they were ill. The remaining participants, who were at different life stages, derived stability from having a satisfying home life. Their home life was satisfying when their work did not interfere with their being able to engage in activities that interested them, such as socializing, sports, gardening, reading, and crafts.

Participants spoke about various habits they had acquired or actions they had taken over their lifetimes that assured them that work would not interfere with their home life. Common to all participants was the belief that they should not take work home with them. This belief was great in theory, but, as Sara attests, not easy to accomplish in practice, especially where, as a new NP, the drive to be well-read was so strong. Grace's response to this was that: "You'll learn to let go…I'd rather come in early, not have lunch except at my desk, and stay late than do anything after I leave here…because once I drive out of the parking lot, then I just want to do my own thing." These findings indicated that balance at home was tied to how NPs experienced the conditions of their work.

Balance at work: In this study, balance at work meant finding some sort of middle ground such that the NPs remained composed in the face of demanding and difficult work. Occupying this middle ground at work was, according to Katie, like being on a tightrope: there were "good" things that happened, such as developing relationships with co-workers, which left her feeling calm. Then, there were "bad" things that happened at work, such as blatant disrespect by a manager, which upset her. These sporadic events that disturbed her calmness lingered longer because, as the experiences of many other participants demonstrated, they were neither dealt with nor resolved to the degree that she could let them go and regain completely her composed and controlled middle position. Katie's experience implied that balance at work was tenuous and shifting.

These disturbances, or "disruptions" as Amy called them, could be minor and temporary, while others could be major and long-lasting. Many NPs experienced these major disruptions when they perceived a direct attack on their professional character. Amy, for example, experienced a major disruption when her competency was questioned at work. As a result, she experienced self-doubt and questioned whether or not she could do the job.

> It has to be something that shapes you to the core to throw the whole thing over. Like when this thing that happened to me, that was the basis of everything that I believed about my professional being. Of course I was still a worthwhile human being at home with my family and stuff, but that's a very different role and a very

different place, and so everything I thought I was, I wasn't. (Amy)

This experience infected her outlook at work: where usually she perceived herself as a positive, relaxed, and jocular person, she said she became unhappy, annoyed, and combative with her peers.

Drawing from the opposite of what these experiences implied, balance was, as Jane M. indicated, being in a "good mental space," which included feeling good about herself at work. The good mental space that Jane M. spoke of was, according to other participants, manifest as looking forward to, or anticipating work. Part of this anticipation was participants believing that they were going to have a "good" day. Anticipating work was influenced by a variety of circumstances, both positive and negative: feeling suited to the work in ways that they could use their knowledge, skills, and talents fully; receiving positive feedback; and having healthy work and personal boundaries. To these participants, healthy work and personal boundaries meant: 1) being able to do a good job so the work could be "left behind" (not thought about outside of work), and 2) not feeling guilty when they made conscious decisions "not to get over-extended" at work. These healthy work and personal boundaries were, however, neither clearly defined nor static. Consequently, many participants found themselves constantly bombarded not only with their own work, but also the "skutwork" that others did not want to do. Over time, this extra work added to their already demanding workloads. Because there was neither follow up to make the offenders do the work, nor recognition of participants for taking the extra work on, many learned to eventually relinquish this work, and regained stability.

In sum, for the study participants, well-being related to enjoying all aspects of their lives, both at work and at home. Essentially, it was necessary to have balance between these two facets of life. From a home-life perspective, this meant knowing with certainty that work would not interfere with activities that were important to NPs personally. Where work was concerned, balance meant forgetting their bodies and retaining identities that exuded calmness and composure in the middle space they occupied, regardless of how the work and the conditions of this work were shifting around them. These unique findings suggest that work conditions that cause their identities to shift – such as work intensification, or how others view their competence – whereby by they perceive that their imperturbable and composed way of being has been compromised, they experience stress. In contrast, work conditions, such as fulfilling and respectful relationships, that support these professional identities and give them space to enjoy work, are conducive to well-being.

Being Confident and Acting Upon What They Enjoy

In chapter 2, I have shown prior evidence that employees who are confident and act upon what they enjoy at work experience well-being. In this study, gaining confidence occurred as a process whereby the NPs learned to trust and act upon their nursing knowledge, which developed over time as they gained work experience. That these women learned to be confident at work was self-evident in their questioning "can we really do the job," because as Amy explained:

I didn't really want to be a NP, but when I started the program is when they

> switched, everyone to advanced nursing practice…So I kinda just fell into it and I never really thought about whether I could actually do the job….So maybe it just makes me feel good that if I can do this and yes it wasn't like the most horrible decision I made in the world to just sort of go ahead and do this….And then I just really liked it. So now I really like my job, and so it's almost like reaffirming that "yes, you can do this job." Even though by then you know you can. But it just sort of reaffirms your value in the role when something good like that happens. You've done good.

Sara, as another example, learned to trust and enact her knowledge through everyday challenges at work:

> The woman had been treated with an antibiotic but it was only for seven days, which was too short a treatment, then she got a repeat [infection] so she called me. And I changed the antibiotic…when she went back to the pharmacist she passed back to me the pharmacist said I made a good choice….We managed to keep her out of the hospital and off IV antibiotics; it was really satisfying to know that I had caught it….and to give her an effective treatment (cheers)….It increased my confidence in that I had been able to do the research. I had been able to look in the right spots knowing where to get the information, and I had made a decision that was a little nerve racking….But just knowing that I made a decision and it had a positive outcome.

There were also many shared experiences where participants used their confidence and knowledge in crisis situations, which they indicated that they enjoyed. Jane M. explained that she felt excited at work when she was taking care of a sick patient who got better from the care that she provided. What struck me as the participants shared their stories was seeing their facial expressions change and, in listening to the interview tapes, their voices change. It was not hard to understand that these moments of excitement, and functioning well during them, made them passionate about their work. This represents an important finding: part of the excitement was because others not only recognized the value of their NP knowledge, but also supported them as they enacted it in their everyday work. On the flip side, Sophie said that she was acknowledged for the conceivably important contributions that she could make to patient care, but she was not given the space to use her knowledge in a way that she thought was fitting to her position as a NP.

Participants identified two indications of confidence and excitement. First, they noted that people who were confident and excited about their work, or in other words experienced well-being, exuded a sense of energy. This energy, they explained, was observed in people who conversed more easily, used humour, and were more relaxed, friendly, and cheerful. They had witnessed these behaviours in many different situations, such as when people were given organization-wide awards, a difficult patient case had gone well, or someone had an "aha" moment. The energy that well people exuded could, as Mindy explained, carry a team for a while. Well-being behaviours, such as the "spring in someone's step" or "sparkle in their eye" observed by Mindy, were, according to Sophie, "exponential" and "contagious."

Second, nearly one half of participants explained that people who were confident and excited about their work displayed a state of happiness. For many of these participants, a positive attitude, such as displaying cheerfulness, optimism, and seeing the good side of situations, was an indication that others were happy at work. Happy, positive co-workers, explained Jane C. and Nancy, were easier to get to know, work with, and communicate with. These personal factors, in turn, influenced the depth of relationships that NPs developed with others at work.

> It's more pleasant when there's someone that you've had a history with or relationship with, and you feel you're almost friends more than co-workers. It's just that extra feeling of warmth, almost family feeling that you get with people. When you're surrounded by people like that, it gives you a good feeling, a sense of being where you're supposed to be. (Katie)

Katie was referring to the idea that this sense of belonging created space in which she could share both the frustrations and successes of her work with her colleagues, which positively affected her happiness at work. While this is not a new finding, it does support further a link between experiencing well-being, and learning through connections to others at work.

In sum, for these participants, exuding a sense of energy and displaying a state of happiness were indications that NPs were confident and excited about their work, both of which were suggestive of well-being. Well-being was, in turn, the result of experiencing a sense of adequacy, success, value, contribution, and belonging. Caution is warranted, however, in interpreting outward appearances of energy and happiness, because they describe personal behaviours that may be used as a gauge to judge and reward employee performance. In this interpretation then, we risk losing sight of broader systemic conditions, such as having opportunities to participate in challenging and stimulating work, which impact NP confidence and excitement.

Experiencing a Sense of Control

Similar to what was highlighted in the literature in chapter 2, participants indicated that well-being was related to experiencing a sense of personal control at work. In this study, control at work meant, according to Katie, "they respect what I do, they respect my knowledge level, they allow me to do my job….I expect to have control over my practice, and you have people who work with you that understand that I know my limits and I know when I need support." She provided an example where she asked a physician for help during a busy situation. She was comforted particularly when the physician providing this help did not take over the situation and "play the role of hero." Jane M. explained further that having control at work meant "having a clear role, not feeling cut out of a job, not competing for learning experiences, and providing complete care." These comments indicated that a sense of control at work was tenuous, mainly because the work itself was ambiguous within the organizational structure. Not surprisingly, this ambiguity negatively impacted participants' sense of autonomy.

Grace connected autonomy or control at work to her personal feelings of well-being:

> And for me the things that fall out of the work are probably as important as the work itself, and one of the major things that affects my well-being at work is how much autonomy I have. If I don't have a lot of autonomy, it's not that I can't function, it's that I feel like I'm being squashed into this little box, and I can't stand it. So I need autonomy. I need to be able to say "I'm going to do this," and "I'm going to go and do this or this or this." Being micro-managed for me is almost the worst thing that you could do, because I just can't stand it. I just get very anxious and tense and stressed out when everything is mapped out for me and I can't have any room to react spontaneously or authentically – everything is done for me, and I'm told what to do and how to do it, and what to say and how to say it, that just makes me crazy; I can't do that.

Grace's example was a reminder of how tenuous autonomy at work was for NPs, especially under conditions of micromanaging. In this study, two themes emerged that explained the reasons for the tenuous nature of participants' autonomy at work. First, NPs were trained for and felt competent to take control of situations that others may not grant them the responsibility to do. Second, they faced daily the challenging conditions of a health care system undergoing massive and frequent changes in procedures, structures, and practices. These changes could either be concealed or disclosed. Grace's discomfort in being "squashed into a box" indicated her personal desire to fight for a professional freedom to take control of and assume responsibility for the situations she was trained to manage. These findings suggest that NPs' sense of control was impacted by being respected at work, being respected for their knowledge, having a clear role with clear expectations, and being afforded the latitude to do the work as they saw fit. Their sense of control was impacted also by the unpredictable nature of their work as well as by boundary issues.

Mindy's narrative demonstrated also the loss of control that could be experienced when boundaries became much less confining and more blurred. Mindy indicated that "not having the phone ring [was] a good thing." When I explored further, this was Mindy's reply:

> Karen: Tell me more about what you meant by the telephone – not answering it.
> Mindy: Oh God, I hate the telephone, I hate the telephone. I don't mind my pager most of the time, but just the telephone. It's almost a nuisance and it interrupts, it's an uncontrollable, unanticipated disruption to the processing of the day. So it has all those qualities that I hate, like I can't control when it's gonna ring; it's gonna ring whether I want it to ring or not. I could be in the middle of a final step of a huge project, I want to just spend the next hour getting it done, and the phone's gonna ring, it's like, I mean I can't make it a convenience, it's just not easy to control. It's totally unanticipated, not only can you not put it at the end of your project, you have no idea when it's going to come, it could be on your way to the loo, it could be on your way to lunch, it could be on your way out the door and the phone rings and you're, okay, do I answer it, do I answer it, do I answer it, damn yes I'll answer it okay, hurry, you know, and that extends to the work and to the home too, when the phone rings at home it's like oh, God, just leave me alone.

> Karen: So it places demands on you that are beyond your control.
> Mindy: Beyond my control and anticipation.
> Karen: And might interrupt your plans.
> Mindy: Yeah, you've captured that essence perfectly, it's puts unexpected and unanticipated demands on me and I am such an obsessive compulsive perfectionist that if I know there's no way I can meet those demands, I don't even want to hear them. I don't want the stress of knowing that I'm going to fail because I can't meet those demands. If I can't perform a task to the best of my ability or fulfill a request or be able to do a favour that someone asks, if I can't meet the expectation, up to my expectations I'd almost rather not be asked because I know that I'll end up disappointing myself and whoever the recipient is because I haven't been able to give it my all.

Mindy's metaphorical reference to the telephone summarizes four main points about this section on experiencing a sense of control at work: 1) Does the work utilize her NP knowledge appropriately? 2) Does she have time to do the work? 3) Can she do the work the way that she wants? 4) Is she given time to do the work to the degree that she is fully satisfied with the final product? This finding reminds us that control is not a given; it is not always afforded at work, which is stressful and anxiety-provoking, and involves negotiation.

Deriving a Sense of Meaning or Purpose from Work

The participants experienced well-being when they perceived that the work they performed had purpose or meaning. They derived meaning at work from a connectedness they shared with others: patients and families (reassuring and educating), and other groups of nurses (uniting with and educating).

Connecting with patients and families: Participants indicated that day to day interactions with patients and families were the highlights for them. This work was driven by their strong belief in the worthiness of knowledge they derived from a nursing philosophy that was, without question, patient and family centred. "The biggest piece is coordinating care, interacting with the staff, the family, making sure communication is correct. Those kinds of things, those are the things that make me go home and feel like I did a good job" (Nancy). These interactions made them feel good about the work that they performed on a day to day basis because, in these interactions, they felt they were making a difference. To showcase some of these:

> If every situation was energized but the [patient] ultimately died, it wouldn't contribute to my well-being at work. But the fact that most of them do well, you see a difference in the choices you made, ultimately contributes to that feeling of you're doing something good, it's making a difference. (Katie)

> Being able to be given a problem and then know what to do with it. But for me knowing that I'm helping. Knowing that I'm making a difference. That if this woman hadn't seen me, chances are her outcome wouldn't have been as good. That probably is a huge motivator for me. Because I do find at the end of the day when I go home, those are the kind of things that kind of spur me on … And the

> positive experience makes you, has made me realize how much satisfaction I get from doing my job. And how much satisfaction I get from realizing that all the studying and all the experience does pay off. And it does make a difference to the people that I see. Which in a sense energizes you; it motivates you to do more. (Sara)

These stories highlight the problem solving situations experienced by the participants. They not only derived a sense of purpose as they used their knowledge to problem-solve, but also these experiences were a source of satisfaction and inspiration at work.

Even difficult cases or those that did not have happy endings gave them a sense of purpose. Many participants alluded to what Grace referred to as the "better bad experience." This meant creating positive outcomes from sad situations, such as families coping with dying family members: "I guess just that I've helped create a positive outcome. Even if the patient has died, I can still get a sense of positive outcome because [I've] helped the family to get through that, and cope with it. Just making a difference so that the outcome to that family is positive. And helps them with their growth and development" (Jane C).

Connecting with other nurses: The participants also derived a sense of purpose when they perceived that they were connected to, or united with, their nursing peers. All participants believed that NP positions were first and foremost nursing roles. As nursing leaders, they believed that they were in positions to make differences for their nursing colleagues because they opened spaces for other nurses to be heard. This action was meant to support other nurses in their everyday work, whereby participants believed that they were contributing to the growth and development of their front-line nursing colleagues.

Supporting the growth and development needs of front-line nursing colleagues, which many participants referred to as mentoring, was important for two reasons. First, they believed that mentoring nurses, such that it helped them gain confidence, resulted in them becoming "good members of the team" (Jane M.). Second, they believed that mentoring nurses helped them to aspire to other nursing roles, including NP positions, which for participants was a way to make the role sustainable over time. The drive that participants had to attract more nurses into NP positions was related to their strong need to retain the nursing piece of patient and family centred care that they provided.

Nurse Practitioners, therefore, felt a sense of responsibility for patients', families', and other nurses' growth and development. This sense of responsibility appeared to be tied to their sense of their job's meaning, their own needs for connection, and thus, their own sense of well-being. It is interesting to note that participants viewed their NP positions as being special and distinct; they presumed that they occupied roles that front-line nurses aspired to. I am left to wonder: What are these NPs doing to negotiate the conditions of their work that this would make their role an attractive career choice for other nurses? This matter will be discussed in chapter 6.

Experiencing Opportunities to be Creative

Findings from the literature review in chapter 2 indicate that employees experience well-being when they are afforded opportunities to be creative at work. In this study, opportunities to be creative were not widely discussed by participants. Perhaps the reason for this was, as one group of participants indicated, that they did not perceive themselves to be the "innovator types" such that they could envision new ways of working. Even so, learning activities, such as attending education seminars or conferences, left many feeling creative and inspired. They found that once they returned to work, however, they faced the reality that there was not enough time in their days to invest in moving their ideas forward.

Another reality that impacted opportunities to be creative was the culture of evidence-based practice. The majority of NP time was spent focused on patient care, which was driven, in part, by best practice and scientific evidence. All participants viewed best practice as a necessary aspect of their work, in that it helped create good patient outcomes through standardization of care. The participants, however, seemed unaware that a drawback to a total reliance on evidence-based practice and standardization was that the "mapping out" of their clinical work stifled both their opportunities to be creative and, at times, their enactment of nursing knowledge they had derived through experience. This finding connects to an earlier point that Grace made about experiencing autonomy at work. She indicated that she felt tense and anxious when everything was mapped out for her; this mapping out created a dislocation, and a tension between how she wanted to react (spontaneously or authentically from within her nursing philosophy) and how evidence-based practice and the prevailing medical philosophy dictated her response.

Evidence-based practice, however, had not permeated all aspects of participants' practices. For example, NPs experienced opportunities to be creative in the way they contributed to learning for other nurses. Even so, they did not deem themselves the primary drivers of change or innovation in their organization. They were, however, given the responsibility of encouraging and enforcing change at the front-line unit level. For example, Jane C. perceived that there was an education component whenever something new was implemented, and NPs served as resources for front-line staff to draw upon: "So the staff ask us, 'Well I know this is new, what does it mean,' and 'Am I doing this right?' and so, a lot of the education component from my perspective is one on one on a daily basis with the nurses at the bedside." Therefore, even though these NPs did not perceive themselves as the drivers of change, their actions at lower organizational levels could either negate or endorse innovation. This finding suggests that NPs' location as learning resources to lower organizational members provides them with an informal power to drive change. What is interesting is that this informal power, which is tied to their position as nursing leaders, is often unrecognized and overlooked even by them.

Personally Growing and Developing

Another aspect of well-being is personally growing and developing at work.

Participants experienced growth and development in various ways. For example, in the clinically related aspects of their practice, they experienced a "steep learning curve" (Mindy) in the first one to two years of being in an NP position. During this early period of growth, they found themselves close to the "pure" book knowledge (Jen), but lacking in experience – a condition which Nancy and Kate thought made them regimented and task oriented. New NPs existed in survival mode, according to Nancy; they were insecure in their knowledge so they spent time and energy worrying about what they did not know. Other seasoned participants explained that over time, as they gained more experience in the NP role, they began to see things differently. For example, Lil indicated that she became more confident and relaxed in the role. Jane M. and Amy explained that they had developed coping skills, which meant not worrying so much about their knowledge level. Less worry, however, meant that they had to be more conscious and focused on their own growth and development needs, because it was too easy to put off learning activities, such as reading current journals or attending seminars, to instead concentrate on other aspects of their work. Part of their growth and development at this later stage, then, was an increased reliance on exposure to a variety of learning opportunities and experiences while working.

Summary

The aim of this section was to provide information about employees' experiences of well-being in the workplace. The NPs who participated in this study were in a unique position to provide input on what well-being at work means. In comparison to other nursing roles, they perceived that their nursing knowledge, in combination with their additional education, provided them with an understanding that well-being was defined more holistically, because they looked more broadly and were "educated to assess psychosocial issues and have a heightened awareness [of well-being in both themselves and others]" (Group 2). Well-being was a multidimensional process of developing wholly within the work, as Mindy explained:

> I know that I'm in a state of well-being when I feel content and still comfortable in my skin. So I'm feeling physically well, I'm feeling emotionally strong, I'm happy, I'm feeling spiritually connected, I'm feeling intellectually sharp. When all of those pieces line up that's, I think, probably when I would say that I was in a state of well-being.

As she elaborated, being in a state of well-being and positively experiencing the work was "sort of like taking your vitamins every day."

The purpose of this discovery process was twofold: 1) to show how well-being was constructed through the work that people do; and 2) to show how well-being was constructed within people's connections to others as they do this work. From the eight categories of employee well-being that have been discussed, I have found that well-being is associated with workplace activities that are organized such that space is opened for NPs to:

- develop social connections to people with positive attitudes about their work, or in other words to people who enjoy their work
- be supported so as to develop and use their knowledge, skills, and abilities to

reach their maximum potential to participate fully in their work
- achieve balance between work and non-work activities so that they enjoy and are satisfied with work and home
- feel that others care about their well-being needs
- be able to show caring toward others at work
- be able to attend to their own well-being needs
- feel connected to work that is challenging and interesting
- feel respected at work
- trust and act upon their knowledge (e.g., day to day problem solving)
- perform meaningful work in accordance with what they value personally
- have control over the nature of their work and how it is performed
- experiment with new ways of doing the work, and
- experience opportunities to learn at work.

These associations point to the personal micro-level physical, psychosocial, spiritual, and intellectual dimensions of well-being. What has not been completely uncovered within these associations, however, is a deeper macro-level awareness of workplace conditions, structures, and practices which impact well-being. This awareness signals the possibility of an alternate reading of participants' narratives which, in this study, feminist poststructural analysis allows us to consider. For example, forgetting or ignoring the body is a common thread that is woven into the fabric of participants' stories. The NPs have not recognized, and therefore have not discussed this tendency. In connection to forgetting the body is the concern that participants unquestioningly accept personal responsibility for their well-being at work. Even though they spoke about systemic oppressors, such as exclusion, lack of support, limited scope of practice, or micromanaging, only a small number of participants named these. Further, even where they seemed aware of how these oppressive conditions impacted the images they had of themselves (their identities as positive, composed, knowledgeable nursing professionals who occupied a middle space on the health care team), they were hesitant to openly discuss issues for fear of being labeled as negative, deviant, or troublemakers. Consequently, these NPs could not openly strategize or negotiate, either individually or collectively, to improve these systemic conditions.

Conclusion

The major purpose of this chapter has been to argue that interrelationships exist between employees' experiences of well-being, and organizing activities occurring within their workplace. Discussion early in the chapter has shown areas where NPs are energized in the contexts of their work. More specifically, they enjoy their clinical work and educating others because they draw on their nursing knowledge when they are involved with patients, families, and front-line nurses. Other domains of their work, such as research, patient consultation, and interest-aligned administrative activities, are equally satisfying if NPs are given time and resources to participate.

In the second section of this chapter, I have stated that a healthy workplace is one where employees enact and declare well-being. In other words, drawing from the

definition of well-being presented in this chapter, well-being means developing wholly within the work, while experiencing a sense of connection to work and the learning it entails. Further, well-being relates to enjoying work, feeling inspired, and feeling energized in relation to this work. Based on these qualifiers, drawing from the eight categories of well-being that have been discussed, work is healthy for some and tolerable for others. It may even, however, be toxic. When the contexts of their work become toxic, NPs lose sight of what they love about their work, and become disinterested in and disconnected from their work, their relationships with others, and their learning. Signs of work-related toxicity include anxiety, hopelessness, stress, anger, discomfort, not feeling useful, and not feeling competent. Repetitive exposure to toxic work environments causes NPs either to leave the organization altogether or to become complacent and succumb to these conditions, a state opposite of well-being which has been conceptualized as forgetting the body. Still, there are times when NPs experience well-being, which is manifest as feeling hopeful, interested, optimistic, and connected. It is in this state of well-being that they learn to resist, ignore, or negotiate the conditions of their work.

Chapter Five

Interrelationships of Employees' Experiences of Well-Being and Experiences of Learning in the Workplace

This chapter explores experiences of learning narrated by the twelve Nurse Practitioners (NPs) who participated in this study. The study's purpose is to illuminate the interrelationships between these workers' experiences of well-being, learning, and organizing activities. More precisely, drawing from both my nursing and adult education backgrounds, I am interested in how these women in nursing experience well-being in connection with different forms of learning in their particular health care organization.

A number of issues follow from the well-being-learning connection, which are examined in more detail in two main sections of this chapter: What forms of learning do these workers experience in their workplace? Second, how do individuals view the relationships between well-being and learning at work? As in chapter 4, I am presenting a mainly descriptive analysis of participants' narratives and experiences in their own words. Chapter 6 moves beyond this descriptive analysis to provide a more contextualized, feminist poststructural reading of themes identified in this and the preceding chapter.

What Forms of Learning do these Workers Experience in their Workplace?

Learning occurs throughout people's lives; it ranges from spontaneous responses in everyday life to highly organized participation in formal education programs (Livingstone, 2001). Learning at work was defined in chapter 1 as a change and expansion of ways of performing work that occurs in everyday activities, in all aspects of life. The routine nature of these activities, explains Billett (2001, 2004), determines whether learning is the reinforcement, refinement, or extension of what workers know, and of how they respond to workplace tasks already.

Different workplace learning processes have been described by various organizational and educational theorists (e.g., Crossan, Lane, & White, 1999; Livingstone, 2001; Weick & Westley, 1996). The NPs who participated in this study typically referred to the more formal, planned aspects of learning, though they acknowledged on a superficial level that learning occurred informally everyday at work. It was difficult for participants to conceptualize workplace learning beyond these formal/informal distinctions. The narratives, though, were rich in data about what was learned at work, even at times where it seemed beyond the participants' capacity to understand fully the plausibility of their workplace activities as learning. Drawing from their narratives, I have identified two main forms of learning that this group of NPs experienced in their work, studied learning and activity driven learning, both of which may be conceptualized under the umbrella of experiential learning. "I think learning takes different forms. It's not just from a textbook, it's from experiences, it's from other people, it's from life, it's from other people learning outside work" (Lil). Within the two forms of learning that I have identified, I will discuss four interrelated sub forms:

academic and purposeful learning (studied); and incidental and situational learning (activity driven). This learning typology arose from a composite of categories drawn from the study data in comparison to categories identified in workplace learning literature.

Studied Learning

Studied learning refers to the pursuit and advancement of knowledge. It involves a deliberate effort, on the part of NPs, to find answers to questions or problems that arise out of their everyday work. For example, it could involve attending courses or searching for information in books or other resources. Two sub forms of learning exist in this category: academic and purposeful.

Academic: Academic learning, or "pure intake," as Jen indicated, referred to activities that participants engaged in that added to their theoretical repertoire. Put another way, this form of learning involved participating in activities, such as reading, solely for the sake of advancing general knowledge. In this study, various forms of academic learning existed, such as "book learning" (actively reviewing information in texts and journals), attending educational sessions, and, for four participants, completing Master's course work. Though all participants engaged in academic learning activities in one capacity or another, it was characteristic especially of NPs new to their positions. Kate, for example, explained that as a new NP, she was reading a lot to support her thinking, and to develop her knowledge more broadly.

Regardless of the chosen academic learning activity, it was clear among participants that this was a complex and often frustrating form of learning to engage in. The main reason for this complexity was often cited as competing work responsibilities lending to lack of consecutive time available for academic learning during working hours. Katie and Lil indicated that it was difficult to attend formal educational sessions, because they often conflicted with other work and home commitments. Other participants also perceived that there was a general lack of organizational support for time that was needed to engage in academic activities. Mindy, for example, found it difficult to get permission to attend work-related conferences; she was told that because "she was the only person in the world" doing the type of NP work that she did it, was not prudent for her to attend since she "was not going to learn anything" that could help her in her work. Grace indicated that involvement in academic learning was "hit or miss." She was referring to frequently occurring situations where she was not kept informed of education sessions, especially those that were offered to medical trainees. In one instance, she had organized her work day so that she could attend a session that was applicable to her work, only to find when she got there that she had not been informed that the time had been changed. She said that instances like this were "repeated oversights," but it was difficult to address the problem when she did not completely understand the underlying issue. She thought perhaps the behaviour could be related to the territorialism she experienced around attending available educational sessions, especially when they were geared toward the field of medicine. In her view, both the programs offering the sessions and some physicians, including medical trainees for whom the sessions were designed, could

either be closed and suspicious, or open and sharing towards NPs.

Sophie, on the other hand, explained that she received organizational support for time taken to attend educational sessions. She did not feel like someone was "watching over her shoulder;" she did not perceive that someone had a "stop clock marking her time," or was monitoring her work activities. This feeling of trust, she indicated, was conducive to learning. Those participants who were completing their Masters course work felt that their learning needs were supported. Precepting of student NPs and other groups of nursing students was another situation where participants thought that they were supported for time taken to engage in academic learning. The nearly one half of participants who spoke about precepting indicated that the efforts they put into precepting activities, including book learning, were seen as legitimate by other organizational members. They indicated that time spent engaged in academic learning was beneficial not only to the precepted, but also to themselves, because student questions challenged them to learn academically so they were thus more apt to stay informed of current literature.

Coupled with competing responsibilities, lack of working time, and lack of organizational support, difficulty recalling the new information added to the complexity of academic learning for participants. Books and journals, for example, provided information about patient conditions, but inconsistently provided management solutions that were deemed relevant to participants' particular clinical settings. As a result of these complexities, participants could experience difficulty applying, and therefore remembering, what they had learned academically. The ability to retain and recall academic-based information posed a daily challenge for many participants; there was controversy among participants about whether this challenge was a comfortable experience. For example, almost all participants encountered question and answer approaches to teaching at work. These question and answer sessions occurred during daily inpatient rounds where the questions were posed to members in attendance, including NPs, medical trainees, other nurses, and other health care personnel, by physicians. The ten participants who were exposed to this method of teaching and learning agreed that question and answer sessions could help them retain information; they found that this was a comfortable experience if they did not perceive that they were being judged negatively for not being able to instantly recall information and answer correctly all of the time. "Just because you knew it yesterday doesn't mean you're going to remember it in two weeks….[I]t can be hard to retrieve it from the memory bank" (Lil).

In sum, academic learning was a means to build on and then expand the NPs' knowledge at a more abstract level. The findings suggest, however, that this sub form of learning cannot occur in isolation if it is to be a meaningful activity. In other words, concrete work experiences are needed to help the NPs make sense of what they learn academically. As well, these findings draw our attention to a link between learning and feeling confident at work, which I have shown to be an indication of well-being.

Purposeful: I define purposeful learning as intentionally engaging in learning activities in order to fulfill specific individual needs, such as for problem solving or finding answers for work-related activities that participants found puzzling. This form of learning was not restricted to academic activities; it could also involve asking questions to get specific information from other health care personnel, such as physicians, pharmacists, social workers, psychologists, respiratory therapists, and dieticians. Nancy explained that she often asked physicians for information if she herself was unable to find it in various written sources. She also asked physicians to review difficult cases with her. This review, she said, helped to reassure her that she had not overlooked something related to diagnosing and prescribing patient care. The participants also engaged in purposeful learning in order to answer questions others had asked them at work. They perceived themselves as resource persons for front-line nurses or other health care personnel.

Evidence-based learning was a type of purposeful learning that all participants acknowledged as being a part of their everyday working lives. It involved collecting, reading, interpreting, and implementing research-based information in patient care settings in order to support organizational goals of innovation, standardization, and quality improvement. For example, this information could be used to develop policies, procedures, and clinical guidelines. Participant experiences with evidence-based learning varied. Jane M. spoke about the challenges and frustrations of getting front-line nurses to subscribe to the evidence-based information in the clinical setting, even where formal policies and procedures had been developed to support safe and effective administration of patient care. Sophie indicated that she was aware of an instance where a NP, who was trying to reinforce what had been learned in this evidence-based process at the unit level, was accused of being a "physician-wannabe" by a lower level manager.

Jane C. and Sara, on the other hand, described positive experiences with evidence-based learning. Jane C. spoke enthusiastically about being involved in a research project, the rewarding aspect of which was being able to use what was learned to enhance patient care by applying it to the clinical setting. Sara shared a similar experience, where she was treating a complex case. She found it satisfying to be able to review relevant research and make a clinical decision based on that. This process, she explained, was not only part of establishing new and up to date standards of care, but was also a way of establishing her own independent practice as a NP. Establishing her own practice, in other words changing her understandings and her ways of working which defined her learning, was in turn linked to her identity. For example, she received affirmation from physicians that she was thorough and knowledgeable, both of which were traits that helped her identify problems they might have overlooked. What was interesting to note was that, even though Sara knew at some level she was good at her job and had acted in a "clinically competent manner," the feedback from physicians was still important in helping to build her confidence and affirm the image she had of herself. This finding brings forth a hypothetical question we are left to ponder: If no one notices the work that she does, does it still exist?

Several participants indicated that, aside from commonly identified issues of lack of organizational support, resources, and time for learning at work, they also had to have the need to want to learn about aspects of their work. Lil was intrigued when she encountered something new at work; the complexity challenged her to "put the pieces of the puzzle together" because, as she explained, if it was all the same it got boring. She found that the "twists and curves" drew her to learning and made her passionate about her work, but there was often not "time to go beyond that, to sit down and open a book to really figure it out....I'll think next time I'm at work I'll look this up, but by the time it happens [I] may have forgotten what [I] needed to do until the situation arises again, and its like 'Why didn't I look that up?'" Jane M. explained that she frequently observed new NPs seeking out information at work, but that she tended not to; it was not because the desire was not there or that it was not important to her, but because this form of learning was one of those "little things that was easy to push off until the next day or the next week and then it did not happen." She added that as she gained experience at work, her need for learning had not changed, just the extent of it: "You have to want to learn now, that's the difference." This want, Jen explained, meant "sacrificing" what she deemed the important and challenging aspects of her work, such as attending clinics, or developing relationships with patients and families.

In sum, purposeful learning was a means to expand participants' individual knowledge. Participants were enticed to learn purposefully at work when they encountered new challenges, rather than when they experienced boring and repetitive work. When they were challenged, they enjoyed their work, and felt inspired about occupying NP positions, both of which were indications of well-being. This finding highlights further a link between well-being and learning at work.

Activity Driven Learning

There were the day to day activities and practices which fell out of study participants' work. In these day to day activities and practices, they were changing their understanding of their organization, and the work they performed; they were, therefore, learning in working. I have termed this form of learning "activity driven" as a reminder that not all learning is goal driven. Two sub forms of activity driven learning will be discussed: incidental and situational.

Incidental: I define incidental learning as learning that occurs unexpectedly, and as a result of participating in everyday work activities. Three common threads of incidental learning were apparent in the participants' stories. First, the participants learned that clinical situations were handled differently among different practitioners. Those NPs who worked with multiple people noted that physicians especially had their own "quirks," or different ways of working, which could dictate how the NPs experienced their clinical work. Participants who were new to NP positions expressed frustration with these differences. The more experienced NPs explained that over time, they began to accept the different styles, and even embraced these grey areas because they both challenged them and gave them space within which to develop their own styles of clinical practice. This acceptance of diversity of practice led to an understanding about

transitioning for new NPs: they were not always comfortable with the grey areas, but with experience they began to understand that there was not always a black and white science to, or evidence for, all clinical decisions that were made. This new understanding was the result of having occasional opportunities at work for debriefing with other NPs, as well as having colleagues with whom they felt safe asking questions.

Second, participants learned incidentally how to function in NP positions. They learned the role not only through their own experiences, but also in their interactions with other NPs. Nancy had learned about how to act in the role from her mentor; she learned how to treat staff and make them feel included in the team, to listen to them, and to consider their input in decision making. She deemed this learning valuable because, by understanding what it meant to be an NP in practice, she was able to explain the role and the impact of her efforts on patient care to other health care personnel. Knowing what was expected in the role and being able to function in an NP position rendered Grace more confident in her knowledge at work: " 'Okay maybe I do know something' because it is pretty overwhelming to try to take seven years of medicine in a month, 'Okay at least I'm picking up on things I should be.'"

Third, through incidental learning, the participants developed relationship skills. Several participants talked about how they had learned to "pick their battles." This meant that they developed an understanding about which issues could be dealt with one on one with various other team members, and which issues they needed to, or were expected to, take further to be dealt with in conjunction with others at a managerial level. They referred to this process as "careful opinion sharing," because organizational responses to bringing issues forward varied. These varied responses, experienced both positively and negatively, led participants to select carefully the issues that were important enough for them to dispute. In most instances, these carefully selected issues affected them personally or were related to patient safety. In their struggles to be heard, they came to understand that there were some things, such as individual behaviour or systemic issues, that they could not change. Because it could feel like they were "fighting a losing battle," they were careful to focus their emotional and physical energies on issues that showed potential for change, such as workloads or communication concerns. Jen referred to this struggle as political learning; she explained that it became easier to bring forth her concerns now that she had learned the internal workings of the organization, how to get access to limited resources, and how to get her concerns dealt with.

In sum, the participants learned incidentally what it meant to work in NP positions. This learning, however, was not always tension-free. For example, the variations in decision making they experienced in their clinical practice contradicted the standardization sought by the organization through evidence-based practice. This variation, in turn, made it difficult for some NPs to feel confident in their clinical decision making because they had to practice according to physician preference rather than a combination of their nursing knowledge, best practice, and their experience. This constantly changing, medically-based decision making could create conflict with what they perceived to be their sense of purpose, and their identities as NPs; they could not be solidly grounded in their nursing knowledge, so, drawing from chapter 2, they were

perpetually in deficit. The findings in this chapter suggest, however, that these tensions and conflicts could be rectified by providing peer NP support, especially to NPs new to their positions. In other words, NPs may develop an intuitive sense of how to enact their knowledge in ways that are consistent with their nursing identities; but without modeling and support from their NP colleagues, as well as organizational support, it becomes easy to slip into the dominant medical model, and their well-being is compromised.

Situational: Drawing from study participants' narratives, situational learning refers to acquiring know-how about one's job through observing and doing at work. In comparison to incidental learning, the NPs learned the how-tos of work while living it, embodied in the everyday, somewhat crafted activities of their work. Further, this form of learning could be a point of connection between their existing knowledge, and new knowledge.

Gaining experience through situational learning was, Jane M. explained, the main reason that NPs could perform the advanced nursing work that they did, even without an extensive medical background. Lil explained that when she was new to her NP position, she had learned the basics in training, but it became more intricate as she got seasoned: "You've got the base, now you need the building blocks on it and it goes on and on because it's ever changing and the base gets huge." She could, therefore, apply what she had learned from one experience to another situation. According to participant group 1, demanding workload issues often made it difficult to spend sufficient time processing and making sense of these experiences, however, which made conscious attempts to connect various isolated clusters of knowledge difficult. Even so, they could still perform the work because, according to Jane M., most clinical cases were "by and large either similar or familiar." The more "bizarre" cases, she said, were dealt with in collaboration with physicians, whereby even they would have to "hit the books."

Other organizational actors' recognition of knowledge NPs gained from experience was, according to participants, not always forthcoming. Jane M., as an example, expressed her frustration about working with physicians and medical trainees who had more "book knowledge," but less actual experience working in an area than she as well as some of her NP peers did. She experienced this frustration personally when the years of experience and the knowledge she had acquired through her work were discounted in favor of book knowledge.

> [It is] difficult because I'm cognizant of the fact that I'm not a physician, so I don't have years of physiology and everything to click that up, draw on that; but at the same time I have over 20 years experience in the field, and I can anticipate what's going to happen next, what should happen next, just maybe not at the exact book level why, so because I'm a NP that's discounted. A new [physician] would have less experience, so in the mainstream we have huge experience and things that they do make you think "yeah, you're still a nurse." (Jane M.)

Jane's comment highlights also the question of "What and whose knowledge counts in the workplace?" This question will be addressed further in chapter 6.

Situational learning mainly occurred when interacting with other people, or as Jane M. indicated, when learning in the context of what was happening at work, a lot of which happened informally during day to day activities. For example, even a simple act, such as "going off for coffee" with physicians and other health care personnel, was deemed helpful to learning at work. Situations that exposed NPs to physicians and medical trainees occurred frequently in this organization. The participants in focus group 3 explained that learning in these situations, such as outpatient clinics or inpatient rounds, involved "being a sponge," "taking everything in," and "keeping an open mind." In a different conversation, Jane M. explained that she believed some front-line nurses did not understand that just by listening in their environment, they could learn things about their work, such as why one symptom was important but another was not to the overall health conditions of patients. From her perspective, there was so much opportunity just to learn in these situations, but she thought that to many nurses "it was like nothing was taking place."

In this study, story-telling was a vehicle by which situational learning was shared. In this learning scenario, however, NPs were gaining the sense-making and framing developed by the person who initially experienced the embodied chaos of unfolding events. Nancy, for example, indicated that as a result of learning from her experiences at work, her clinical practice had changed over the years. Where she used to be very focused on getting through the day, such that she was frequently stressed about what unforeseen events could happen, she was now less stressed because she had gained experience on the job. Coming to this understanding had affected how she supported new NPs; she now shared stories about her early experiences and stressors with them. Her reasons for story-telling with new NPs were multifold: she observed that they were stressed about having added patient care responsibilities and having to make life altering clinical decisions. She wanted to help them build up their knowledge, comfort, and confidence, and she wanted to lessen their anxiety and paralyzing fear about making a mistake related to patient care. She explained that this information would have been helpful to her when she was a new NP. Instead she had to "learn to let go" and "not pick away at the decisions" she had made because she worried that she was "burning out." She had to contend with saying to herself, "I've done the best I can….I can't change what happened and I have to actually go on." Kate, as a new NP, confirmed what Nancy had said. She indicated that clinical experience was important to her because she built on her knowledge by building on her experience, which ultimately lent to building her confidence.

In sum, situational learning occurred in day to day work activities and interactions with others, including other health care personnel, patients, and families. This form of learning helped NPs gain a sense of confidence. This confidence enabled them to explore new ways of working, and do so with increasing independence each time. Confidence and the resulting exploration could, however, be easily undermined in situations where, when their experiences and knowledge were discounted, NPs were reminded of their inferior positions as nurses. This finding suggests that there is a social aspect of learning at work, and that well-being is impacted by one's location within a social order. Drawing from this finding, where the physical tasks of working consistently supercede intellectual

stimulation in day to day social interactions, NPs experience a sense of loss and a sense of unimportance in their location within the health care team. In contrast, situations that are crafted to help NPs develop their knowledge support their well-being.

Summary

The aim of this section was to explore forms of learning that NPs experienced at work. Two main forms of learning (studied and activity driven) and four interrelated sub forms (academic, purposeful, incidental, and situational) were discussed. Studied learning related to the deliberate pursuit of knowledge, either academically or purposefully. When learning occurred academically, such as through reading journals or attending educational sessions, NPs developed their knowledge more broadly. When learning occurred purposefully, which meant accessing text- and human-based information sources, NPs refined their problem solving abilities. The knowledge they gained while responding to the challenge of these problem solving activities formed a base for independent NP practice. Activity driven learning related to participating in day to day activities and practices either incidentally or situationally, which affirmed, expanded, or changed their ways of working. Incidentally, or unexpectedly, NPs learned different ways of doing their work, how to function in their positions, and how to respond politically to systemic issues. Situationally, whereby they were involved in day to day interactions with others, they learned more about doing their work. Further, whereby they sorted out how to perform their work in a competent manner, they learned they were capable of performing complex and difficult work.

Three interrelated themes emerged from the findings of this section about learning at work. First, it was interesting to note that the learning participants described was rather instrumental and procedural. This description may be explained by how others saw them, as well as how they saw themselves, as the doers and "worker bees" in their workplace. There was, therefore, a heavy expectation that they be available at all times to perform work that others decided fit within NP positions. This heavy expectation, in combination with an overall lack of understanding, as demonstrated in chapter 4,of what their work entailed, added to their workloads and resulted in work intensification that left little time for self-determined learning. Yet, equally perplexing was the observation that the work they performed was invisible unless it was acknowledged by other organizational actors.

Second, too much attention focused on the instrumental aspects of work and learning diverted the NPs' attention away from systemic conditions, structures, and practices that confined their changing identities and subjectivities in such a way that they could not react authentically and spontaneously to their changing work environments. Instead, they had to play the game of acting the way others expected them to act. In other words, the pre-constructed notions of NPs as doers and worker bees limited their capacity to act as leaders in the organization. When, in spite of their fear of failure or being seen as trouble-makers, they attempted to disrupt these identities, they threatened the social order whereby they experienced territorialism and name calling that reminded them of their inferior location as nurses. Their knowledge, therefore, was discounted at organizational

levels above, beside, and below them, which limited their capacity to negotiate the conditions of their work and learning.

Third, NPs struggled with issues of learning legitimacy. Where learning at work was concerned, they had to contend with the organizational norm of learning for productivity. The productivity discourse dictated, unequally, their access to resources they used for learning, including dedicated office time and monetary support. Coupled with this unequal access to resources, there was unequal weight given to certain kinds of knowledge they enacted. For example, medical knowledge superseded patient and family centred know-how. Further, doing the work superseded personal and collective knowledge development. Their work, therefore, was not designed for both doing (productive learning) *and* self-determinism (unproductive learning); work was designed to be an *either/or* activity. This unique finding brings forth a tension NPs experienced between exploitation and exploration, which was discussed in reference to organizational learning in chapter 2. This tension will be explored further in chapter 6.

In total, the findings of this section suggest that personal and collective NP knowledge development did not always receive equal attention from other organizational actors. Consequently, NPs experienced a sense of unimportance at work. On the other hand, where attention was given to helping NPs grow and develop at work, they experienced well-being. The next section of this paper takes further this well-being-learning connection.

How do Individuals View the Relationships Between Well-Being and Learning at Work?

Thus far I have established that learning occurs in the everyday; it pervades all aspects of living including workplace activities. Learning at work expanded the NPs' knowledge which, by enacting this knowledge they could participate more fully in organizing activities, was linked to experiences of well-being. It is therefore prudent to return to the participants' everyday practice to further develop an understanding about interrelationships between well-being and learning in the workplace.

The participants of this study have provided rich narratives that draw out various relationships between well-being and learning at work. For example, learning in the workplace was a means of having autonomy in performing one's work. It was also identified as a source of feeling good while at work, as well as feeling good about the work that was performed. Both autonomy and feeling good about work were, in turn, what participants identified as factors contributing to their well-being. Learning was also linked to other indications of well-being, including experiencing a sense of confidence, enjoyment, contribution, and belonging at work. In this section the study findings about interrelationships between experiences of well-being and experiences of learning at work have been organized in a manner similar to sections discussed in chapter 2: work relationships, job design, competence, and job control.

Work Relationships

Work relationships refer to the social aspects of work that impact well-being and learning. In other words, there were various social processes occurring everyday that impacted how this group of NPs experienced their work. I have shown in chapter 2 that various aspects of these social processes, also known as social capital, support learning in the workplace, and are linked to experiences of well-being. I focus on two of these social processes: strong social ties and shared values. The findings of my study support this statement, and illuminate also a landscape of interests inherent within the participants' workplace.

Social ties: Social ties were evident in relationships that participants had developed in their workplace. These relationships varied, and there was not one typical pattern of relationship building; each participant interacted with many people at work, including, but not limited to, other NPs, physicians, medical trainees, other nurses, other health care personnel, various levels of managers, patients, and families. Further, each participant worked in different circumstances, and this dictated with whom they developed strong social bonds at work. For example, Sophie and Sara often carried out their daily work tasks by themselves, and were struggling to find one or two people with whom they could share their interests and experiences. Mindy indicated that, even though she worked with many people, her social support came mainly from physicians with whom she had infrequent contact because she as well had not found someone at work who could understand and share her experiences. Jen, in contrast, found immense support for both her learning needs and her well-being needs from many people around her, such as physicians, nurses, her manager, and other health care personnel. What is different about these examples is the degree to which each participant was able to secure a close relationship with others who were genuinely interested in the work that they did as NPs, and who cared about their well-being and learning needs. Where they felt cared for by others, they felt more connected to their work, which influenced their personal growth and development.

All participants had contact with other NPs. This contact for many participants was, however, sporadic, even for those who shared offices with or worked in the same program as other NPs. This is an important point to mention because many participants commented on the value of debriefing with other NP colleagues at work. Debriefing served a twofold purpose. First, sharing specific aspects of their practice and daily happenings with someone who understood the struggles and pleasures of being NPs helped participants understand that they were good at their work. Kate explained that sharing information and receiving positive feedback gave her satisfaction in the work she performed, which, she thought, contributed to a happier work environment. Second, in this process of sharing, the NPs learned things from each other, such as how to deal with conflict, or how to respond to interesting clinical challenges. Sara, upon hearing other participants in her group interview converse back and forth about debriefing, expressed how much she desired to have other NPs to share her day with and get feedback from, rather than the feeling she had at the time of "working in a bubble." These findings suggest that learning and well-being occurred where NPs experienced a sense of

connection to other NPs at work.

Shared values: A second aspect of social processes that impacted learning and well-being at work was shared values. In this study, this reflected the extent to which participants developed relationships with others in the workplace who perceived that promoting patient and family centred care was an essential and positive aspect of their work. Participants indicated that the patient and family centred care philosophy to which they prescribed was supported theoretically at the macro level by organizational actors as a whole.

At the micro level, participants' experiences enacting this philosophy in conjunction with other individuals in their own work areas varied. Jen, as an example, found that the physicians she worked with believed that patients and families were the reason for their being; they were, therefore, committed to integrating this patient and family centred care philosophy into their everyday practice. Consequently, Jen felt justified in the time that she spent interacting with patients and families. This supported both her well-being and learning needs at work, because it made her work easier to complete, and she felt good about the work that she did.

Sophie, in contrast, felt the extra time that she spent talking with patients and getting to know what health concerns they had was "softened down," She believed that the physicians she worked with did not perceive that this activity was work, because some of it was not associated with a tangible billable, or monetary, act. When the value of work associated with providing quality patient and family centred care was not validated, or was "softened down" through the social relationships that the NPs developed at work, they experienced stress and anxiety. Grace labeled this stress and anxiety "philosophical dissonance."

> I spent a lot of time in what I call philosophical dissonance and some days by 10 o'clock in the morning my head is just spinning … [The dissonance] means that I'm being pulled in two directions at the same time. So I'm being pulled in the medical direction because that is the predominant philosophy in the area that I work in; it's high risk … and it's very medical. And then there is the nursing part of me that sees more than just the medical diagnosis and wants to intervene on that basis, but that's not the valued part….So it's like going in this direction and then being pulled back in this direction, not wanting to go there, I want to go back this way and then sort of follow towards the middle where there's a happy medium where they get the medical care but they also get the other psychosocial quality of life focus that I think is nursing. (Grace)

These findings suggest that when NPs shared and enacted values similar to others at work – in this study patient and family centred care – they experienced well-being. Even in situations where beliefs were diverse, NPs still experienced well-being when these beliefs were supported equally, as was the learning and knowledge that emerged from the work activities they performed. Therefore, relationships that give NPs space to enact their values and beliefs validate their sense of purpose, and justify the time they impart to learning activities that develop their nursing knowledge.

Job Design

Job design refers to the way that work is organized to meet different objectives. I have indicated in chapter 2 that work in today's workplaces is organized in a manner that demands flexibility (employees, structures, pay, and learning) which, in the end, is meant to serve organizational competitiveness. From an employee's perspective though, flexible job design, geared solely to serving the organizational bottom line, may heighten experiences of workplace stress. Conversely, well-being is positively impacted by flexible job design that endorses reasonable job demands and work hours toward achieving work-life balance, as well as fair, equitable access to opportunities to learn on work-time. The findings of this study support these statements.

Work-life balance: The participants indicated that learning was an important part of their day to day work; it served to expand their knowledge, and helped them stay up to date with emerging evidence-based practices. The resulting continuous need to learn, however, impacted the ability of some participants to create boundaries between activities related to work and home. For example, for Sara, learning at work meant taking breaks and eating lunch at her desk while reading books and journals. In spite of this practice, she was not able to get through the "growing pile" of reading that she wanted to complete to feel confident in her knowledge. Sara expressed frustration that her workload prevented her from incorporating her own learning needs into her workday, and explained she took this work home to complete as "bedtime reading," which affected the time she spent with her family. Grace reassured Sara that over time, she was apt to resist this drive to learn on non-work time. Participants in focus group 2 similarly explained that they achieved work-life balance when they learned to resist the habit of meeting their work-related learning needs on their non-work time. Protecting non-work time, they indicated, involved negotiating time that was devoted exclusively to non-clinical work activities, including learning. Even so, according to Nancy, this negotiated time came at the expense of guilt she experienced; she worried that the work she refused in order to get her life back in balance was "stacked" on someone else.

Participants new to NP positions were especially vulnerable to imbalance between work-related activities and home life. Lil recalled her experiences as a new NP. She remembered that the pressure to perform well and succeed was high. At the time, she was managing a new job that was accompanied by a "steep learning curve," while experiencing an active home life which involved caring for young children. Looking back, she said, she did not "realize how bad [the stress] was at the time." Jen, in contrast, explained that she was aware that she needed to gain confidence in her new position, which was stressful but, at the same time, she felt that she was being "eased into" her work. She therefore did not perceive that she was expected to be "perfect" at work, nor did she feel pressured to be taking her work home with her. Reasonable expectations for learning and knowledge development, therefore, were associated with well-being.

Opportunities to learn at work: Drawing from the participants' narratives, when these NPs had fair and equitable access to studied and activity driven learning

opportunities at work, they experienced well-being. Some examples of learning opportunities could include performing a procedure, providing patient consultation, administering and attending educational seminars, assisting in research, or partnering for publications. The manner in which these opportunities were afforded varied among participants, and was influenced by organizational gatekeepers.

Physicians were the gatekeepers of learning opportunities in the clinical setting. The value that they placed on NP knowledge development in the clinical realm, in comparison to the value they placed on medical trainees' knowledge development, impacted the circumstances under which they invited NPs to participate in learning opportunities. Grace and Jane M., for example, found that invitations to participate in clinically-related learning activities at work were extended far more often to medical trainees. There was, Grace explained, "an underlying message that you can either acknowledge or not acknowledge, depending on how your day is going, that my learning is less important than the [medical trainees'] learning." Jen, on the other hand, found that her learning needs were given equal consideration where invitations to participate in learning was decided.

In the non-clinical realm, managers, like physicians in the clinical realm, acted as gatekeepers to participation in opportunities for work-related learning. Managers controlled release time from work, and access to resources, such as funding to attend work-related courses and conferences. Three study participants who experienced tension with this gatekeeping perceived that a manager's own level of educational achievement impacted the importance they placed on employee learning in general. Where their access to learning opportunities was impeded by managerial gatekeepers, NPs experienced tension, and a sense of personal and professional unimportance at work.

For different reasons, such as protecting learning for medical trainees, or legitimizing learning for productivity, the gatekeepers decide what work they will allow NPs to perform, under what circumstances, and what learning they will allow NPs to participate in. Where circumstances limit NPs enactment of their knowledge, they experience underemployment. Where NPs are limited in learning opportunities they participate in, they experience a sense of unimportance. In contrast, where the work NPs do is designed to give them space to enact their knowledge and participate in learning as opportunities arise at work, they experience a sense of importance and a sense of confidence, both of which signify well-being.

Competence

Competence, within a human capital framework, refers to the measurable and observable processes that indicate that learning is occurring at work. The difficulty with this concept, however, is that learning is not always intentional, observable, or measurable. Rather, it falls out of everyday organizing activities, and employees learn all the time; learning at work is highly subjective, and tacit and skills are socially defined.

In this study, participants frequently compared themselves to others when

assessing their competency at work. Sometimes there could be a measure of doubting themselves, which Sophie referred to as the "women's imposter phenomenon."

> I wouldn't want to be considered incompetent or a fraud. And maybe it comes out of the women's imposter syndrome thing there's a lot of us go through, "if anybody really found out," but I think I've pretty well gotten over that. I know that it exists but I practice very carefully and so I feel confident that I'm doing the right thing before I do it. (Sophie)

This statement indicates, then, that Sophie began to feel more competent and confident at work as she learned more, and expanded ways of doing her work. In their interactions with other NPs, the participants changed their understandings such that they started to believe in themselves; they began to believe that they could actually do the work, and do it well. To paraphrase the near identical words of Sophie, Sara, and Kate from different interview conversations: "Okay, I'm doing at least what I'm supposed to, and I'm actually fairly well read." As Kate indicated, her well-being was tied to understanding that she could do the job, and what got her through the self-doubt was learning she could do it well, which was validated by the feedback she received from her NP colleagues. Kate linked her feelings of competence and confidence to her well-being; as a new NP her well-being at work was linked to not being judged on the basis of sameness in comparison to more seasoned NPs, even though she admitted that on some unconscious level she made those comparisons herself.

Participants cited provision of safe and competent patient care as a motivation for wanting to learn at work. Sophie explained that safe practice related to professional accountability and the mantra "do no harm." Sophie was uncompromising in her conviction that she would not let the conditions of her work, such as work overload and limited resources, prevent any learning that she might require toward providing safe and competent patient care. "I want to do it right. I am true to the learning because I will not proceed if I am not sure" (Sophie). Sara similarly pointed out that it was not in her nature, nor was it a characteristic of other NPs she knew, to say "I know enough to function." She as well was scrupulous where learning for the sake of providing safe and competent patient care was concerned, even if it meant reviewing information on her own time at home. Lil added that provision of safe and competent care also included sharing accurate and reliable information with patients and families which, in turn, contributed to her well-being. "The whole basis of what you're doing you need to know how to speak to [families], you need an understanding of what's going on to relay what's going on with the [patients]....If I can't do that and don't have time to look it up in a book...that's uncomfortable. I like to know what I'm talking about. It enables [me] to grow as a person." Drawing from these examples, the bottom line for NPs was delivering safe and competent patient care. Competence, therefore, was an accepted and embedded condition of their work. What was not often spoken about in an in-depth manner was how systemic issues and, at times toxic work conditions, impacted the learning they desired to support this socially constructed competency. Competency, therefore, was accepted unquestioningly as a personal responsibility, and when NPs felt limited in learning on work time they experienced stress.

Job Control

Job control refers to the degree that employees influence decision making over the type of work that they do and how they will do it. Drawing from chapter 2, job control translates to employees managing the circumstances or conditions of learning at work, including the reinforcement or modification of workplace practices. Employees who experience a sense of control over the conditions and circumstances of learning are likely to have positive experiences of well-being. In this study, two aspects of job control were participation and autonomy.

Jane C. stated that participating in work activities that contributed to her learning complemented the work she could already do, and extended the activities she could participate in. Others, such as Jane M., Mindy, and Jen, observed that there were times when NP participation in work activities was controlled, notably when their knowledge and decision making abilities were ignored or dismissed. All three participants noted, for example, the tensions between NPs and lower level managers at work. They could not describe exactly what the tensions were, but when they compared these work relationships to those where they felt valued, it came down to these managers trying to exert control over the NPs work. As far as they understood, these lower level managers were not in an organizational position to exert this control over NPs work, but it was allowed to happen anyway. Therefore, because they did not understand fully the basis of these tensions, they could not name them, nor could they learn ways to resist or alter them.

Autonomy was another important aspect of job control. As Katie stated "I expect to have control over my practice, and I have people that work with me that understand that." Learning, the participants said, was an important factor in supporting their autonomy at work. They indicated that they were accustomed to having the freedom to determine how to complete their work. Mindy, for example, spoke about experiencing tension around lack of clarity with her role. She had, however, learned over the years how to deal with this tension. When she had the freedom to enact her knowledge to problem-solve on her own, for example when she provided education about NP roles and responsibilities to those who lacked understanding, she experienced well-being. For Sophie, autonomy meant feeling that she was capable of doing the work because, in events that were very stressful, she "second guessed" herself: "The work never stops and you wonder if you are doing enough. You feel like you're doing way too much but the work keeps on coming, and you never get any control over it." She went on to explain that learning at work helped her to believe in her knowledge and abilities: "I'm doing a great job and the disaster isn't a reflection on me; it's just the environment." Belief in herself, gained through learning at work, contributed to her sense of well-being.

In sum, these findings indicated that learning at work was a source of job control because it helped NPs believe in their abilities, and thus opened a space for them to more independently decide how to complete their work. Theoretically, believing in themselves could translate to speaking out against as well as negotiating the conditions that were oppressing them, but this meant taking risks that many participants avoided. Further, it

was difficult to speak out against conditions, such as work overload, once they learned that other organizational actors were disinterested in hearing about them. In contrast, in situations where space opened for them to participate more fully and act more autonomously, NPs experienced well-being in relation to learning at work.

Summary

To summarize, the aim of this section was to provide information about the interrelationships between NPs' experiences of well-being, and experiences of learning at work. The purpose of pointing out these interrelationships was to confirm that learning in the workplace was connected to NP well-being. This well-being-learning connection was evident in situations where NPs:

- experienced a sense of connection to others, including other NPs, at work
- were supported in enacting their belief in patient and family centred care
- felt trusted that they wanted to perform well at work
- believed that others were interested in the work they performed
- believed they were acting safely and competently
- experienced inclusive practices, such as being invited to participate equally in learning opportunities and decision making
- could learn on work time
- experienced reasonable expectations for learning and knowledge development
- experienced autonomy at work, and
- believed they were capable of doing their work.

Upon reviewing these well-being-learning connections, three themes became apparent. First, the findings provided evidence that hierarchical relationships existed, even if disguised by collaborative team discourses. For example, it was interesting that gatekeepers dictated some learning that NPs experienced. Further, in previous sections I had shown that NPs were viewed as leaders in their organization. Yet, interestingly, findings of this section demonstrate that investment of resources into their self-determined growth and development as leaders was not considered important by most gatekeepers. Second, the question "What was work?" kept coming to mind as I heard from participants issues about how the activities they performed on a day to day basis were softened down, invalidated, and discounted. This finding supports research that was presented in chapter 1, where I explained that the term ***work*** was a broad, and at times vague, concept that was difficult to define. This finding also supported a claim made by Morehead (2001) that the boundaries between the conceptually separate types of work that people did were becoming blurred. Drawing from her research, also brought me to questions: "What was visible? What remained hidden?" These questions led to the third theme that I identified in this section of this chapter: the well-being-learning connection that participants spoke about was, by and large, viewed personally. NPs had an overarching passion for learning, and this passion incited in them an energy that helped them change and expand ways of doing their work. What was evident, though, was that learning was itself a type of work that enabled NPs to recharge or regenerate, and consequently experience well-being. What was not fully uncovered, however, was how organizational conditions, structures, and practices influenced "learning work." These

conditions, structures, and practices will be addressed further in chapter 6.

Conclusion

Two main forms, and four sub forms, of learning have been discussed. In association with the clinical domain of work that most participants have concentrated on, their particular learning focus has been procedural, instrumental, and how-to in nature. These work-related learning patterns, therefore, suggest that learning occurs mainly through the work that participants perform (activity driven), and less often through participation in studied learning. This pattern of learning is, however, a source of dissatisfaction for many NPs, because both forms of learning are desired to develop their knowledge, establish more independent practice, and experience more self-determined ways of working. This predominant exposure to activity driven learning also makes it difficult to situate their negotiations of new and existing knowledge within their work contexts.

Two important points arise from this finding about situating their knowledge within their work contexts. First, aside from the technical, learning is also personal, socially-situated, and political, occurring within a fluid and shifting space that the NPs occupy. Within this space, they experience several tensions, including hierarchical team structures, work intensification, and underemployment. Second, learning has been defined as a change and expansion of ways of performing work in everyday activities. Further to this definition, I have found that, in reference to this particular group of knowledge workers, learning is a form of work. The difficulty that these NPs have found with this learning work is that, even though it is an unspoken expectation, it is not formally acknowledged and consistently supported in their workplace. As a result, NPs have found healthy and unhealthy ways to offset systemic shortcomings, such as putting it off, collaborating with others, or doing it on their non-work time. This finding brings us to the kinds of learners that NPs are socialized into being: they have become the organizational doers, while generating new knowledge has been conceded to higher levels. This enactment of their socialized, constructed identities though is problematic for two reasons: 1) this socialization does not regard the diversity and uniqueness of their learning experiences and life histories (including affiliations and gender distinctions) as important, and 2) the NPs, to some extent, accept this socialization and revise their personal identities, taking on more responsibility for providing solutions to systemic problems, sustaining measures of self-surveillance, and enforcing norms that constrain the expression of doubts or disloyalties reflecting different belief structures.

When these ills of socialized learning are viewed further with a feminist poststructural lens, they point to links between well-being and learning that are brought forth in issues of identity and subjectivity. The participants uphold a series of images (identities) that relate to how they view their NP practice, such as expert clinicians, leaders, supporters, sense makers, teachers/educators, advocates, interpreters, and liaisons. These multiple identities, however, are shifting while they undertake a series of enactments (subjectivities) within a system intent on productivity. This focus on productivity dulls NPs' acumen for strategizing and negotiation, limits their potential for

personal growth and development, and hinders their participation in collective activity. Therefore, that NPs do not learn about conditions of their work that impact their well-being and learning, while disheartening and troubling, is not surprising.

Chapter Six

Workplace Contexts that Shape Experiences of Well-Being and Learning

In chapters 4 and 5 I provided a descriptive analysis of participants' narratives as they related to well-being and learning, and their interrelationships. This descriptive analysis has illuminated patterns of activities related to learning that are becoming prevalent in today's workplaces. These patterns have been developed through interpretive analysis, reflecting the participants' personal viewpoints and meanings of their own experiences. In feminist poststructural research, this standpoint is problematic if it does not illuminate how experiences at work, including those related to well-being and learning, are interrelated with political interests, contested practices, asymmetrical opportunities, and shifting dispositions (Easterby-Smith, Crossan, & Nicolini, 2000; Probert, 1999). Failure to acknowledge this landscape of conditions, argue Howell, Carter, and Schied (2002), has the unintended consequence of generating yet another oppressive system, "hidden in the rhetoric of so-called worker empowerment" (well-being) (p. 124).

The aim of this chapter is, therefore, to examine certain embedded tensions that are apparent in the descriptive analysis of participant meanings presented in the preceding chapters. More specifically, working from a feminist poststructural perspective, I discuss how Nurse Practitioners (NPs) have established different ways of working and being in the context of conditions they experience in their workplaces. The information gained from this feminist poststructural analysis is used to support the argument that workplace conditions, structures, and practices affect what NPs do and do not learn at work, and in turn are determinants of employee well-being. In the first section, I discuss three workplace conditions that shape NPs' experiences of well-being, and experiences of learning. In the second section, I discuss how NPs learn to position themselves to negotiate locally the conditions of their work, in order to preserve a sense of well-being. In the third section, I discuss broader themes that have emerged from the understandings of conditions and negotiations of work. All of these discussions occur within the confines of participants' narratives and, where applicable, other relevant research is discussed.

Workplace Structures Affecting Well-Being and Learning

As I have mentioned in previous chapters, introduction of NPs into health care delivery is a relatively new way of working. Legitimization of NP positions has been a challenging issue that has required persistent effort from various members of the health care community, not the least of which has been the NPs themselves (Reay, Golden-Biddle, & GermAnn, 2006). Findings from this research highlights how workplace actors (middle managers and NPs) draw from their experiences to accomplish this legitimization, including cultivating opportunities for change, fitting the NP role into prevailing systems, and proving the value of the new role (Reay et al., 2006). Research of this nature points to some micro level struggles that NPs contend with, but falls short of delving deeply into conditions and structures of work they experience. Drawing from the descriptive analysis in chapters 4 and 5, three patterns of conditions that impact NPs'

learning and well-being have emerged: the interdisciplinary team, work intensification, and underemployment.

Condition 1: The Interdisciplinary Team

The first condition, the interdisciplinary team, was described by participants as "inclusion" or involvement of different professional groups in patient and family care. For example, "the team," according to participants, commonly included physicians, medical trainees, front-line nurses, NPs, and a charge nurse or a lower level manager. Additional team members varied by program and could include pharmacists, dieticians, psychologists, social workers, respiratory therapists, physiotherapists, and occupational therapists. The interdisciplinary team concept to which they were subject had evolved into a mechanism to deliver patient care. Three characteristics of professional relationships that occurred in the teams were evident when the enactment of this delivery model, told from the perspective of NPs, was analyzed. I introduce the first two characteristics (complementary and collaborative), though my analysis is focused on the third characteristic (hierarchical). When I examined the hierarchical nature of "teamwork," tensions from decision making and communication were uncovered.

I have labeled the first characteristic "complementary." This characteristic addressed the idea that NPs had been socialized to believe that professional groups were meant to complement rather than replace each other. According to Katie, members who showed interest in understanding how their work was different from that of other members fostered a complementary environment. This interest, as Grace, Sophie, and Mindy pointed out, was not always evident for NPs. They found that in some circumstances, there could be blatant disinterest in and disregard for the work that they performed. When this disrespect and disinterest occurred, they expressed discontent with their positions as NPs. Even where they voiced this discontent their concerns appeared to be ignored or trivialized.

The second characteristic to be drawn out of this analysis was "collaborative relationships." Collaborative practice is defined as "an interdisciplinary process for communication and decision making that enables the separate and shared knowledge and skills of the care providers to synergistically influence the client/patient care provided" (Way & Jones, 1994, p.29). In this study, NPs understood that professional relationships were collaborative when team members worked together to problem solve. Collaborative relationships, according to Mindy, involved continuous communication, mutual dialogue, and respect. Respect, especially, when members' presence was acknowledged or they were told they had done a good job, contributed to being made to feel a part of the team (Sara). The rhetoric of respect, however, meant nothing if the NPs were ill-treated. As Jane M. explained, it was not enough for her to be told that she did a good job if people's actions belied a different message. Respect, from her perspective, more importantly meant being included in decision making, being kept informed, being asked to participate in work and learning activities, being left to do that work in the way she deemed appropriate, and being given regular feedback on her performance. It was not enough, she said, to be included as an afterthought, such as when there was no one else to do the

work, or to receive feedback only when something went "wrong." In these situations, she experienced a sense of unimportance, and felt disconnected from the team. NPs learned, therefore, that collaborative team relationships were tenuous. Where NPs perceived that they were a key element to the success of collaboration, they appeared to experience a sense of importance in their work, and a sense of connection to other team members. In times like these, NPs felt positive about being invited to participate in less routine work activities, including learning.

The third characteristic to emerge from the enactment of teamwork was the "hierarchical" nature of professional work relationships. Language that the participants used, such as "under the guise of" or "you talk and discuss but not at the same level, a little lower," supports this claim. These NPs consistently viewed physicians and managers as being located at higher hierarchical levels in matters concerning clinical and administrative activities respectively. There were inconsistencies, however, in where participants located themselves in this hierarchy. Those NPs, for example, who cited comfortable relationships with either physicians or managers, placed themselves in close proximity. In this proximity, they appeared to feel more confident in enacting their knowledge, and they experienced a sense of control over their work because they learned about organizing activities through these collegial, friendly relationships. On the other hand, those NPs who had experienced tension-filled relationships wherein they could not "get a handle on how things were decided," people were "radically different from day to day," or "things change from one day to the next," were confused about where they fit in the organizational hierarchy. In this confusion, they appeared to lose sight of what was important to them in their work, and they experienced a sense of detachment from others. They were, however, clear that they were unevenly positioned in the team, such that they had less power and authority than other team members. These NPs, therefore, had not yet learned how to position themselves politically to successfully emerge as nursing leaders.

This hierarchical location of professional groups, then, represented an inherent tension in the concept of 'teamwork'. Drawing mainly from participants' narratives, but also using my own nursing and adult education experiences, I have reconceptualized the work team. In this reconceptualization, I have termed the location that the NPs occupy as an "interstitial space." This term came to my mind as I noticed a pattern in the language that participants used to describe their work experiences. For example, comments like "in between", "in betwixt", "fill the gap", and "the other stuff beyond," in combination with what I had come to understand about the characteristics and practices of team work that participants experienced, sparked a connection to what I knew about biological cell models. In these models exist cells or compartments. The connecting space between these compartments is termed the interstitial space. This space is fluid and shifting because it changes its molecular composition in response to its interactions with the compartments. To be more precise, the interstitial space expands and contracts in response to the molecular changes occurring in the surrounding compartments. Drawing from this analogy, in terms of my study, different interdisciplinary professional groups occupied different compartments, including other groups of nurses. Inherent within these compartments were diverse work activities and practices that spoke to the distinct knowledge of each intra-compartmental group. Nurse Practitioners, in contrast, occupied

the interstitial spaces. These interstitial spaces may be conceptualized as those less well-defined, in limbo, fluid, and shifting areas created when the work that different interdisciplinary groups perform becomes less distinct and begins to overlap.

Tensions that Emerged from Hierarchical Team Practices

Drawing from my understanding that a hierarchical organizational structure existed, I analyzed further the interdisciplinary team practice as experienced by this group of NPs. Upon deeper analysis of their narratives, two patterns of interrelated well-being-learning tensions emerged in relation to decision making and communication.

Decision making: Decision making in the clinical and non-clinical team environment described by study participants took many forms. Physicians especially impacted their clinical decision making, while managers impacted their non-clinical, or administrative, decision making. Interactions with physicians and managers could be experienced positively when working consistently with the same people. In these instances, the NPs "learned the person" such that they knew what actions they were expected to take in given situations, and they proceeded accordingly without seeking permission to act. Feeling supported, and not "second-guessed" by the physicians and managers involved in this process alleviated stress because "you don't have to look over your shoulder and worry about the other shoe falling" (Jen). Further, as Jane M. explained: "You can cope with almost anything as long as you're part of the decision, you've had some input, you know what to expect, you know how to go about it so even if it fails you know there was going to be support." This learning, therefore, contributed to feelings of confidence. On the other hand, when "people float[ed] in and out," or in some instances the same people were "radically different from one day to the next," NPs experienced tension at work, in relation to which they had learned they were expected to "suck it up." In these moments of learning, the NPs experienced a sense of uncertainty and were less confident about enacting their nursing knowledge.

With regards to hierarchical structures in the workplace, participants' narratives indicated that higher placed organizational members communicated with members located lower in the hierarchy to get information, but were not necessarily compelled to reciprocate the information-sharing. Thus, the flow of information occurred more typically in an upward, rather than bidirectional, fashion. Those NPs who mainly experienced this feed forward pattern of communication acknowledged that they did not feel secure in their decision making in many aspects of their practice because they knew that the information gatekeepers could exercise their authority to change or alter decisions. The many NPs who narrated this uncertainty had experienced first hand situations where their knowledge and decisions had been undermined or overridden in what seemed an "inconsistent" or "impractical" manner. As a result of these inconsistencies, these NPs found it difficult to make sense of how things were decided; they, therefore, did not experience "a lot of control" in their work. Further, this type of organizing activity did not cultivate an environment of trust because their credibility as nursing leaders and experts was undermined. Consequently, their authority was challenged by other groups of professionals, notably lower level managers and front-line

nurses, as well as patients and families who were witness to these interactions. What did not become totally apparent from participants' narratives was how they learned to take back that control and power to regain a state of well-being. Rather, it appeared that they learned to either accept or ignore this hierarchical practice.

Jen's experiences, in contrast, were rarities amidst those narrated by the other NPs who participated in this study. She cited several examples of experiencing support from both her manager and the physicians she worked with. She explained that, even in instances where they did not agree fully with the decisions she had made, she learned they would not go behind her back and rescind them. Any disagreement that they expressed occurred in private, and was meant to support her personal learning. As a result of these open, supportive approaches she found that nurses viewed her decisions as "team decisions." This highlights an important finding because in these practices of support and inclusion, Jen experienced several aspects of well-being at work, including work enjoyment, confidence, happiness, autonomy, work satisfaction, a sense of connection, and personal growth and development. What was unique about Jen's narrative was that it appeared that her well-being was the result of a combination of two circumstances: 1) the goodwill actions of other actors, and 2) that Jen herself had learned to convey expectations of control and autonomy in her work relationships.

Communication: A second tension evident in the hierarchical team atmosphere emerged around how disagreement could be communicated by the NPs. Many NPs, especially those who were new in their positions, did not feel secure enough to question decisions about how their work was organized by others. Over time, as they gained experience, NPs learned to deal with their disagreement by taking one of two paths. On one path, they became passive and alienated; they explained that they would fall in with decisions made by the dominant, higher level group even if it contradicted what they believed personally. Those NPs who chose this path did so for one of two reasons: 1) they felt they were "fighting a losing battle" so "why bother," or 2) they did not want to be seen as "trouble makers." On the second path, the NPs became assertive when dealing with "really big issues," which they deemed as "fighting for" what they believe in personally, even if it did not contribute to the common good of the group.

Regardless of which path was chosen, these activities point to the learned individual nature of dealing with disharmony in the workplace. These findings suggest that hierarchical team structures potentially limit both individual and collective action required to make any real change to oppressive work conditions, structures, and practices. For example, dominant team members that created work conditions to support their own agendas – "it's their way or forget it" – stifled learning about how to negotiate work organization. As a result, these NPs developed an unhealthy dependency on these more powerful others to meet their well-being-learning needs. In contrast, learning to negotiate work organization was possible when NPs could communicate their disagreement without fear that "it would be taken personally." This negotiation occurred in workplace environments that supported questioning and debate, and where people in positions of power embraced these acts not as deviant, but rather as opportunities for collective learning about how to alleviate the oppressive nature of hierarchical team structures. In

these situations, NPs experienced well-being as evidenced by their stories of being inspired and energized at work, as well as experiencing opportunities to initiate creative processes for problem solving.

Condition 2: Work Intensification

Drawing from the participants' narratives, the interstitial space could either expand or contract in response to the flow and ebbs of organizing activities. This portrayal implied that the borders between the professional compartments and the interstitial space that the NPs occupied were permeable. In this study, this permeability most often resulted in work intensification: simultaneously, there could be an influx of work and an outpouring of service and information. Following insights by Howell et al. (2002), organizational practices that led to work intensification increased the NPs' workload and responsibilities without either giving them real voice to speak about what they thought was important, or adjusting their ongoing job responsibilities. These increased workloads and responsibilities appeared to arise principally from two forms of work intensification: unpredictability and blurred boundaries. Further analysis of these forms of work intensification uncovered tensions between processes of exploitation and exploration.

Unpredictability

Unpredictability addresses the variable and shifting nature of work that the NPs performed. This unpredictability occurred in two ways. First, their work varied based on the responsiveness of others to their potential contributions to patient care in their clinical scope of practice. For example, they learned that their input into decision making could be valued by lower level and middle managers one day, but not the next. Further, they observed that there was inconsistency in acts of communication and inclusion among different actors. This was true especially for NPs who worked in environments where the team compositions changed frequently, such as when physicians rotated through clinical service. Participants noted specifically that learning opportunities, such as partnering to publish research, or performing procedures that arose out of work, were erratically distributed depending on the physician involved; some consistently ensured that learning opportunities were distributed only to medical trainees, while others were cognizant of NPs' learning needs, and thus included them. Second, their work changed from day to day according to arising demands placed on them by others. As Jen indicated, what would happen in a week overall rarely changed, but what could happen from day to day was unpredictable: "it's a fly by the seat of your pants type of day, where all of a sudden it can be 12 hours later and you can't think exactly what you've done but you've done a lot somehow."

In practice, NPs would establish a plan for their work day, although inevitably more pressing situations arose so that "things [did] not always go according to plan." For example, patients or families could be in crisis, and in need of their urgent attention. In many instances, this unpredictability posed a challenge, which they indicated that they loved about their work. The arising challenges appeared to make their work fun, and still

contributed to their personal learning. In other instances, ongoing systemic concerns, such as constant pressures to do more work with fewer resources, could create work that was very task-oriented, repetitive, and unrewarding. The NPs had been socialized to believe that they were expected to give precedence to these perpetual systemic ills over their non-clinical responsibilities, including personal plans for learning at work. Having to constantly forgo participation in planned learning events, however, was both disappointing and dissatisfying. Sophie, for example, was experiencing frustration because she felt a loss of control when others could decide how her day would be spent at work, especially when the work they were asking her to complete did not require a NP: "How do you provide optimum care and manage and organize your day when you know someone's coming along to say 'oh do this or do that,' or 'Dr. so and so would like you to do this'?" In these situations, she experienced work-related stress because her workload increased, preventing her from interjecting the moments of learning that she relied on to refine her clinical practice, such as searching for current evidence-based information, or connecting with specialty providers.

These issues of unpredictability and loss of control raise an important question: How do NPs learn to cope with the unpredictable nature of their work? As I mentioned, in some instances the NPs said they liked the unpredictability because the lack of routine and repetition added challenge. Even so, as Lil indicated, she preferred organization over chaos but it "happens so you just have to deal with it." The organizational chaos concerned NPs when it distracted them from completing their usual "process[es] for the day" – a full patient assessment and follow through. This assessment and follow through included being able to research about and to learn from the less familiar aspects of patient conditions. Getting through those chaotic days and accomplishing what she had set out to do, according to Lil, lent to her well-being because "as bad as the day was, you did it." The following narrative draws attention to the idea that the chaos may be happening more than the NPs would care to acknowledge. Nancy explained that when she got out of her car in the parking lot at work she told herself, "let the games begin." By saying this she was preparing herself for not knowing how her day would be experienced; she learned that it could be controlled, quiet, steady, or completely chaotic. Her goal, regardless of how she experienced the day, was to cope with the unpredictability and still "come out not too scathed." In other words, Nancy had learned how to cope with the unpredictability so that work did not change the image she had of herself as a calm, caring, and compassionate NP and co-worker.

Blurred Boundaries

Sara and Kate explained that their NP work was challenging, although they noted that boundaries were a problem. Drawing from these and other NP experiences, I have termed this form of work intensification "blurred boundaries." This term refers to the idea that the work activities that participants wanted to perform in their NP positions was not well understood by other health care providers.

> And you can say on paper this is what a nurse practitioner is supposed to do, and I mean you know from your experience and I know from mine, [I've spent a] very short period of time talking to other Nurse Practitioners here which has only

> happened a couple of times. Their roles, even though the job description says this – they're all different. Every single one of them is different, and it's a composite of their own expectation, the expectation of the program, the particular physician that they report to, the director that they report to, and then what's acceptable in their own area. But I don't really think that there's anyone in the program per se that understands what it feels like to be in a role like that every day. I think they understand what the job description is supposed to be, and they understand that you have to have this many hours and this much education before you can have that role, but I don't think they understand what it feels like. (Grace)

Sophie elaborated further. She indicated that she was treated as a "catch-all:" "I'm kind of like Mikey, 'give it to Mikey, Mikey will eat it'…where if somebody doesn't have time it's shuffled to me…anything that's the least little bit nursey goes to me…it's probably an organizational thing….[They're] not against having an NP but [they] haven't really embraced the role to the level that they understand it."

Sophie's reference to being a catch all and a "Mikey" portrayed the issue that the organization wanted NPs as workers, yet had not set up the infrastructure to support how their services were different from other health care providers. In essence, the interstitial space had become a place where others could "dump" their work onto NPs, a condition exacerbated by the fact that these blurred boundaries were embedded and unrecognized. It was, therefore, difficult for NPs to talk about boundary issues and develop strategies for response. What was also not recognized was that this practice was inhibiting NPs from: 1) performing work that was congruent with their scope of practice; 2) contributing to innovative evidence-based patient care that the organization so desperately sought; 3) experiencing well-being at work; and 4) growing and developing (learning) in their work. In fact, these practices were causing NPs to leave the organization, which became an issue for retention. For example, two NPs that I interviewed for my study had since left the organization for these precise reasons. This supports other research findings that suggest that career growth, learning, and development are cited by employees as primary reasons for retention (Curry, Mc Carragher, & Dellman-Jenkins, 2005). These findings also make me aware of the need for NPs to learn ways to negotiate the blurriness, and share their learnings collectively.

Linking Work Intensification to Well-Being and Learning at Work

In organizational learning literature, the tension between processes known as exploitation (using what has already been learned) and exploration (assimilating new learning) is a form of strategic renewal (Crossan & Berdrow, 2003; Crossan, Lane, & White, 1999). This renewal is a means to develop capabilities to contribute to competitive advantage. But, "allowing for the possibility that organizational learning may not be utopian enables us to take a more critical view of organizational learning and helps reveal undiscovered aspects of the process" (Crossan & Berdrow, 2003, p. 1089). Based on this understanding, a more critical view enabled me to more closely analyze similar processes of learning the NPs experienced, and how these impacted personal renewal and regeneration.

Exploitation: The compartments of professional groups surrounding the interstitial space that the NPs occupied could contract. Concurrently, the boundaries allowing movement into the compartmental space became closed off to the input and insights of NPs, for example by not being open to their involvement in decision making. The interstitial space in this condition, though, got bigger; it swelled from a continual in-pouring, and at times an overload, of work. Under this condition, where blurred boundaries were more permeable to their work efficiency and productivity (exploitation) but, not to their personal growth and development, the NPs experienced tension. Mindy, for example, explained the "territorial" tension she experienced when her work was being directed by a lower level manager, "even though she technically couldn't." Mindy explained further that even though she did not report to this lower level manager, her scope of practice, in other words what she could do at work, was influenced by this manager because she was working in "her unit," in "her space." The tension came from "getting mixed messages," whereby she was told in one instance that she could not be involved in patient care planning for example, yet in another instance when others were not available to do this work, was expected to complete it. "If they keep taking things away, the things I was hired to do, then they don't need an NP." The tension came also, she noted, when other groups of nurses were permitted to perform work that was not within their scope of practice to enact. Mindy's experience confirmed a shared contradiction that other NPs, such as Jane M. and Katie, experienced at work. To explain further, NPs represented a group of nurses who were legislated to perform certain restricted activities, yet they were held back while other groups of nurses who were not legislated to perform these activities could do so without being held accountable in the organization. As an example, noted Mindy, these other groups of nurses "decide physician and NP [patient care] orders are to be written only after they have been implemented." In the situations Mindy described, she did not feel in control, she became detached, and she isolated herself from others at work. She explained that she had not yet learned how to deal politically with these tensions in this organization.

Jen spoke about how difficult it could be to remove herself from this tension. Her office, she said, was like an "extension of the unit," where people felt justified in walking into her own private space. The issue, she thought, was not so much the physical location of her office in relation to the patient care unit, but that people did not respect either the basics of privacy, such as knocking, or the already precious and limited work time she had to fulfill non-clinical expectations set by the organization, and pursue her own personal plans for learning. She felt that when she was at work, nurses expected her to be available to them all the time, a tension similar to that which Katie experienced when she said "they're coming at you all of the time." An interrelated issue, Jen explained, was getting "professional separation," and having to be "more careful to set professional boundaries" with the front-line nurses. She explained that she was a nurse in the organization in a different capacity before transitioning to a NP position, a situation not dissimilar to that of over half the study participants. Jen found it hard to establish professional separation initially because nurses would call on her when they needed help with basic patient care, as they would have in when she was in her previous nursing position. She explained that she was trying to satisfy all their requests for help, while trying to fulfill the expectations of her own NP work, which as a new NP required a

tremendous focus on learning. Over a short period of time, these requests became distractions that prevented her from focusing on her own work, and the "steep" learning that was part and parcel of being in a new NP position. To resolve the stress she experienced from this constant expectation of help (boundary penetration), she recommended ways for front-line nurses to problem solve and utilize established organizational resources to get the assistance they needed. She received the following response: "there was a few times there was an odd pause 'so you're not coming?'.... there was the odd jive....'[she's] too good for us now.'" Over time, she learned to reconcile these tensions and re-establish new, albeit different, professional relationships with the front-line nurses she worked with.

Physicians, noted Jen, Katie, Jane C., and Lil, could be helpful in establishing professional boundaries. Some physicians, at the request of NPs, dealt with arising patient care issues during times when the NPs needed to remove themselves from the clinical space to complete non-clinical work. These select physicians were also supportive of the time NPs needed to attend to learning activities. Even so, these NPs acknowledged that this was not always an option available to them because physicians had their own work to complete. Other physicians, however, were guilty of adding to the NPs' workloads. Sophie, as an example, received notes and emails that indicated "doc so and so wants you to do this,"... "could you call [my patient] and tell them to do this or that." She expressed her frustration and discontent in response to these requests:

> My first reaction is why are they not doing those themselves because I would do that if that was my patient; I can call [their patient] ... at the end of the week I get paid no matter what I do, but it's not the most fulfilling role. Actually, it's getting to be disturbing to me; sure I can control it and do a good job, but that's not what I trained for...it makes me feel like a secretary...and there's nothing wrong with that when it is your role.

Nurse Practitioners new to their positions experienced first hand the pressure to perform productively and efficiently. Of the 12 NPs that I interviewed, six had occupied their positions for fewer than two years and, in most instances, for less than one year. Many spoke about being hired into NP positions where their responsibilities would be "worked out along the way as the work evolved." This was tolerable, Grace noted, if the supervising manager understood what NPs could and should do in their practice. Two problems were evident from this situation. First, nearly half of all participants noted that many of their managers either did not understand well, or showed disinterest in NP practice. "If people understood the role better, they wouldn't be asking NPs to do the work that others in the organization could do...for example, educational manuals for bedside nurses – the educators could do that....[S]ometimes they think the work is all fun getting to work with great people, dealing with families, all fun and games so why not... add some stuff on" (Jen). Jen's point supported Grace's observation that NPs' workloads "got uncontrollable" if their practices were not well understood. Second, NP practice during the working out phase was contingent on the work relationships the new NPs had with their supervising managers. Where some new NPs experienced "latitude and freedom" to negotiate how their practice evolved, others felt "controlled and cut off" from negotiation. In either scenario, in the absence of careful follow up, the work "takes

on a life of its own and spirals out of control" (Sara) at the expense of intellectual stimulation and collective growth.

These examples illustrate the tenuous, shifting, and overlapping nature of work and interactions that occurred in the interstitial space that NPs occupied in relation to the compartments occupied by other professionals groups. In sum, the findings show how participant NPs were subject to workplace structures and practices in their interactions with these groups – mainly other groups of nurses, physicians, and managers – which led to exploitation of their skills, while employment of their nursing expertise could be largely ignored. This exploitation often invoked feelings of stress and tension at work, yet they had not learned to challenge this condition to regain balance.

Exploration: The compartments of professional groups surrounding the interstitial space that NPs occupied could expand to make space to include NPs. This meant that the boundaries allowed movement of NPs into the compartmental spaces, such that they opened up to accept the NPs' ideas and insights with respect to different workplace practices. In this condition, where blurred boundaries were more responsive to their personal growth and development and learning needs (exploration), the NPs experienced well-being.

Physicians, in their daily interactions with NPs, could provide direct support for their learning needs. Katie, Lil, Nancy, and Jane C., found that in their practices, most physicians both embraced and respected the overlap between the nursing (holistic, psychosocial, and patient and family centred) and medical (disease, diagnosis, and intervention oriented) knowledge in the patient care NPs provided. This respect was demonstrated in different direct encounters they had with physicians. For example, in patient care situations, Katie found that physicians who truly supported interdisciplinary teamwork, rather than accepting only medical explanations for events, expected medical trainees to respect the space they created for medically-oriented knowledge and nursing knowledge to co-exist and complement each other. This practice supported Katie's nursing identity, and gave her control over the circumstances of enacting her knowledge to the extent that she experienced a sense of meaning, a sense of connection, and a sense of belonging. Further, this practice supported Katie's desire to experience other forms of learning rather than the predominant medically-oriented learning that was assumed to supersede all other forms. Jen similarly found that she worked with physicians who demonstrated a personal interest in her learning. Physicians had daily discussions with her as opportunities arose in clinical situations, and did not "push for more than [she] could give." This environment, she noted, was supportive because each on each occasion she added to her existing medically-oriented knowledge base. At the same time, however, these physicians embraced Jen's family centred, holistic NP knowledge, and modeled this in their own practice. These actions inspired Jen to continue to enact her nursing knowledge and to further develop her nursing expertise, which contributed to her satisfaction and happiness at work.

The NP-physician interactions created other opportunities for exploration. Mindy, for example, was invited to participate in a provincial research and data collection

project. Lil, Jane C., and Grace also collaborated with physicians to complete different research projects. This collaboration, Lil explained, helped her grow and develop as she expanded her limited research experience. She explained also that she received organizational support to present her findings at an international research conference. Further, the findings of her study were carried forward, and changed clinical decision making for a specific population of patients. This explorative process appeared to leave her feeling positive, creative, and energized about her work.

Other NPs experienced a more obscure form of exploration in their interactions with physician groups in the workplace. Jane M., for example, spoke about having to set up "rules" so that there was more fair and equitable distribution of the work that overlapped practices for both NPs and medical trainees. These rules, to an extent, supported her growth and development needs, because they made physicians specifically aware that NPs as well needed to experience opportunities to learn at work: "who will admit, who will have the chronics, who's going to have all the excitement….[T]he way it had been set up was meant to remove the 'I want, I need' to make it more fair." Further discussion with Jane M. made me mindful of the cliché, "rules are made to be broken." She admitted that, despite having a process in place, she met daily a constant struggle of having to justify her desire to participate in not only the routine, but also the more challenging aspects of work such that she could further develop her nursing expertise by providing holistic patient care: "It bothers me if it's my day to admit, and they take all the patients where that is an integral part of my role…taking away the part of the role that I enjoy. It doesn't always have to be the sick or critical; it's any patient I'm assigned to I want to be giving the complete care." She was describing her experience that certain physicians more frequently advocated that arising learning opportunities in the clinical setting, such as consulting outside groups of physicians or researching novel experiences, be given over to medical trainees. In this instance, noted Grace, the holistic care that NPs provided was compromised; the patient was depersonalized and reduced to a medical diagnosis. She observed that, in this depersonalization, the caring nature of medical trainees' relationships to patients became fragmented; it was disheartening to observe medical trainees view patients as little more than "what can I learn from their diagnosis?"

Sophie shared experiences similar to Jane M. and Grace; she did not want to be delegated, by physicians, the role of "handmaiden", "helper", or "tidy upper" at work. She wanted instead to experience the challenges of daily work, which included opportunities to grow and develop as a NP derived through realization and support for enactment of her nursing knowledge. Sophie believed that this support for her enactment of holistic, psychosocial, patient and family centred aspects of NP care would allow her to grow and develop her nursing expertise at work, and make her job more satisfying.

In sum, based on participants' narratives, opportunities for exploration emerged predominantly from their interactions with various physician groups in the overlapping clinical domain of their practice. As some examples illustrated, however, this process did not always occur spontaneously. In other words, it could not be taken for granted. The findings of this study support other research that has shown that exploration is a highly organized activity that requires effort and planning (Crossan & Berdrow, 2003; Crossan

et al., 1999). Further, while exploration is at times more conducive to well-being (sense of meaning, connection, and belonging) and learning (how to negotiate opportunities and develop nursing expertise) in the workplace than is exploitation, the process itself is fraught with power relations and hidden agendas (Easterby-Smith et al., 2000; Marsick, Bitterman, & van der Veen, 2000; Weick & Westley, 1999). In this study, NPs did not prove to be political actors in these power relations. They demonstrated a passivity and reliance on other actors, notably physicians, to be more accepting of NPs and to create space for them to enact their nursing knowledge. Even where this occurred, very few NPs had learned how to keep this space.

Condition 3: Underemployment

To reiterate earlier claims, the interstitial space that NPs occupied could either expand or contract in response to the flow and ebbs of organizing activities. Whereas I have indicated that unpredictability and boundary permeability could result in work intensification, data from participants' narratives also supports a claim that the work that NPs are required to perform does not fully utilize their advanced nursing knowledge and skills. This condition is termed underemployment, which means that workers "*continually learn much more work-related knowledge than [they] ever have a chance to apply in paid workplaces*" (Livingstone, 1999, p. 10, original emphasis). Workers, finds Lowe (2000), consistently report they are overqualified and underemployed in the work they perform. Further analysis of this condition of underemployment uncovered tensions related to opportunities for learning.

Collating data from several North American sources, Livingstone (1999) describes six dimensions of underemployment: the talent use gap (difference in educational achievements between those of higher and lower social origins); structural unemployment (gap between the excess number of job seekers and the scarce number of job vacancies); involuntary reduced employment (work in non-standard or contingent jobs where what is wanted is secure full-time paid work); the credential gap (increased educational entry requirements beyond what is needed to perform the work); the performance gap (the extent to which workers are able to use their level of achieved knowledge and skills); and subjective underemployment (worker's sense of whether or not their knowledge and skills are being used well).

In my study, for example, I found patterns in the data to support the existence of structural unemployment. Participants in one focus group discussed how specialization limited the type of work they could do. They explained that they had "educated themselves into a corner;" their organization was the sole employer for their specialized NP work in their geographical area. Securing a similar position in their chosen specialty meant, therefore, relocating geographically. If they chose to leave their current NP position but wanted to work for the same organization, then they either had to be employed in non-NP positions, or retrain to gain employment in other NP positions. None of these three options were perceived to be attractive alternatives for this focus group of NPs. Leaving the organization to secure other NP employment was, however, an action, not a "choice," taken by two participants in this study. The reasons behind their

decisions to relocate led me to consider other dimensions of underemployment: performance and credential gaps and subjective underemployment.

Performance and Credential Gaps

Further analysis of participants' narratives demonstrated patterns of performance and credential gap considerations. In the organization where I conducted my study, NPs were required to have Master's level of education. This education included components that supported their advanced nursing functions, including independently interpreting, diagnosing, and prescribing patient care within the limits of their legislated scope of practice. Mindy pointed out that independent practice, such that NPs were completely accountable and responsible for the care they provided, was not well understood by other health care professionals who worked with them. In some instances, Jane M. and Jen noted that front-line nurses or lower level managers would not comply with patient care orders NPs had written unless they were approved by a physician. In other instances, physicians would "go behind" and rewrite notes NPs had written on patient charts. These actions, where Sophie and Jane M. noted respectively "[we] do not need our work checked" and "it gets difficult when you have to check with [physicians] for even the basics", negated their Master's level of education, advanced nursing knowledge, and work experience, and illuminated the performance and credential gaps experienced by this sample of NPs. At this point, I must clarify that I am not entering the debate on whether or not Master's education is required for NPs; this debate is beyond the scope of what I want to accomplish in my research about well-being and learning. My point is that if Master's education is required to be employed as an NP in the organization, then the knowledge that results from this extra education should be utilized fully, and not wasted as Livingstone (1999) would argue. This wastage to which Livingstone refers erodes the motivation of NPs to learn more about their own work conditions. Further, it reduces their nursing contributions such that the purpose of their work becomes less clear and distinct, and their connections to others become more precarious. This precariousness, in turn, makes the work that NPs do even more unfamiliar. As well, work relationships become more formalized, and their conversational, collegial natures are compromised. When this occurs, physicians and managers, for example, invest less in helping NPs learn beyond the borders of the space they occupy. Further, more informal pairings that support NPs' learning, such as partnering to work on projects or conduct research, are less apt to occur.

Subjective Underemployment

There are, according to Livingstone (1999), three aspects of subjective underemployment. The first aspect relates to how workers perceive the fit between their qualifications and the work they perform (Livingstone, 1999). In this study, five participants indicated that some work they were performing did not require their level of education. Sara, for example, thought that many situations that she was consulted for could be completed by nurses with a basic level of nursing education thus, which would free her to perform and gain control over work she was hired to do as a NP. A complicating factor, nearly one half of participants noted, was that they were supervised

by managers, all of whom had nursing backgrounds, yet many of whom had less formal education than NPs. This created tension where participants did not perceive that these less educated managers had a full appreciation of how NPs' work could be supported to better fit their level of education and their broader, more knowledgeable and skilled scope of nursing practice. A good example of this under appreciation related to organizational expectations around NP involvement in research and evidence-based practice. Participants thought that the managers who did not have at least an equivalent level of education did not understand the importance of research and thus, did not support NPs' participation in research-related activities. NPs were concerned, rather, that these managers created barriers, such as disallowing dedicated work time and assigning mundane work, which prevented NPs from being involved in activities commensurate with their required level of education. These findings represent a contradiction that participant NPs were aware of, but had learned was difficult to negotiate. NPs were expected to perform non-clinical work, such as interpreting research to develop evidence-based policies or providing formal staff education, and were evaluated on this performance. Yet they were not supported in their requests for dedicated time to participate. A few participants did note, however, that a NP leader position had been created at their worksite. They found this position helpful because it provided someone in their own interstitial space with whom they could discuss their work as NPs. Further, they perceived that this leader had a voice in middle and higher organizational levels where they themselves were unheard. This NP leader, they thought, was helping to slowly change the misfit and misuse that NPs experienced, and was advocating on their behalf for space within which they could practice according to their level of education and full potential scope of practice.

The second aspect of subjective underemployment relates to a dearth of opportunities where workers feel they are using their knowledge and skills in their work (Livingstone, 1999). In this study, NPs sensed that they were not using fully their knowledge and skills in their workplace. Some, however, preferred to remain low key or under the radar on this issue of their untapped talents and abilities to avoid having mundane work that other organizational members should be completing "piled on" by managers. Others expressed dissatisfaction with not being involved in decision making, especially in matters that affected their own work. Still, others experienced tension when they were given responsibility to complete work that was consistent with their level of knowledge and education, but they were not given authority to carry it through to affect any real change. A few participants termed this practice micro-managing, and it appeared that they had not found a way to deal with this issue. When they were subject to micro-managing they felt restrained and restricted, which was a state opposite of well-being. Further, this micro-managing limited their potential for learning more broadly, such as how to negotiate scarce resources, and developing more organization-wide connections to other health care professionals including other NPs.

NPs' experiences that related to using their knowledge and skills in their clinical work varied, specifically in their working relationships with physicians. On one hand, Katie noted she could work with physicians whom she did not feel respected her knowledge level, such as when for very simple aspects of patient care they said "you

might do this if." Even though she believed that this was "not an intentional 'shot' at [her] skill or experience," she was frustrated with these situations: "that's something every nurse would know let alone a NP who's practiced for [several] years." This experience Katie shared bore many similarities to micro-management practices discussed above. Katie, however, felt more empowered to deal with micro-management by physicians than did other participants with their managers. She learned to respond to these frustrating, micro-management situations with physicians by using humour to "make people realize without there being direct confrontation." On the other hand, she could work with physicians who respected her knowledge level by allowing her to not only do the job, but also to decide when she needed to consult them for advice. Jen similarly felt supported by physicians where her NP knowledge and skill were concerned: "they will never go 'oh well she doesn't know what she's talking about.'" Rather, she explained, they would tell patients, "come back and see Jen, you don't need to see us." Even when front-line nurses and lower level mangers would ask these physicians to either check or complete Jen's work, they would respond "oh no I can't do that, that's Jen's job." These actions, Jen indicated, made her feel respected, and she found also that the nursing staff would then "take my word as authority…take my word as the team word and [they are] not trying to find someone who will order what they want." The unconditional respect that these physicians provided helped Katie and Jen learn and grow in their NP positions, and contributed to feelings of confidence and a sense of control at work.

The third aspect of subjective underemployment relates to workers' sense of entitlement to a better job (Livingstone, 1999). In this study, betterment referred to experiencing opportunities for flexible family friendly scheduling, not "being cut out of a job", and not being overlooked for opportunities to participate in and learn from organizing activities related to practice and decision making. These NPs were, therefore, concerned about fulfilling work as being an entitlement. It was interesting to note, though, that the NPs who had not worked outside of their present organization had difficulty envisioning different, more fulfilling work beyond that which they already experienced. In contrast, other participants who had experienced NP work outside the organization (over one half) envisioned different, potentially more fulfilling ways of being. At the time of this study, there was no forum in which NPs could discuss collectively these alternative ways of being, and entitlements to more fulfilling work. There was evidence, however, that a few NPs were learning to negotiate these betterments with their managers at a local level. Where they had been successful in these negotiations, they experienced opportunities to participate in a broader range of activities at work. As a result of this participation, they felt energized and happy at work.

Linking Underemployment to Well-Being and Learning at Work

Based on the findings from the preceding segment, it became evident that underemployment was connected to well-being and learning at work. This supports a key point made by Livingstone (1999): "However pervasive the conditions of underemployment have become, they have continued to be associated with further

learning efforts" (p. 6). In my study, the learning efforts to which Livingstone referred were related to opportunities for learning at work.

Opportunities for learning at work: Myers and de Broucker (2006), in their Canadian Policy and Research Network report titled *Too Many Left Behind: Canada's Adult Education and Training System*, report that "learning begets learning" (p.iii). This means that those with high initial levels of education are more likely to take advantage of future educational and training opportunities (Myers & de Broucker, 2006). The quality of these learning experiences, however, is understood by the degree to which workplaces afford learning opportunities, and how individual agents choose to engage in these opportunities (Billett, 2001, 2004). Affordance, argues Billett (2004), is shaped by workplace hierarchies, group affiliations, personal relations, workplace cliques, and cultural practices, all of which influence what workers are allowed to participate in, and how opportunities for learning are distributed.

Drawing from the forms of learning I described in chapter 5, I noted that over time, NPs became less reliant on studied learning (academic and purposeful), and more reliant on exposure in their workplace to other forms of learning, specifically activity driven learning that occurred incidentally and situationally. It was not to say, however, that they did not have opportunities to learn academically and purposefully. What was often overlooked and unspoken, however, was that as knowledge workers who occupied a middle location in the interdisciplinary team, they had to expand their knowledge base to reconcile tensions related to the need for overlapping know-how with other team members. Without the studied learning, therefore, to support this expansion, they experienced stress, anxiety, and worry about their ability to provide expert care. Beckett (2001) terms this type of learning as "hot action," which occurs in the heat of daily work life. Drawing from his findings, NPs experience hot action when they anticipate action based on recognizing patterns and repeating actions within that pattern. Further, they experience work as "moment by moment decisions…taken on the run, case by case, and with the nagging doubt that action might be inadequate – superficial, hasty, and inappropriate" (Beckett, 2001, p. 74).

This more tangible studied learning was also a currency that many physicians they worked with valued. Formal learning, therefore, lent credibility to their work as NPs, even though it was only one measure of human capital (Probert, 2005). These findings support Livingstone's (2001) conclusions that discouraged workers are still active learners; they have not been discouraged in the pursuit of lifelong learning. Further, marginalized workers, such as women and minorities, tend to experience greater barriers to participation in adult education courses due to limited material provisions (lack of time and money, family duties, inconvenient locations) rather than lack of motivation (Livingstone, 2001).

In the absence of support for formal learning opportunities, NPs became dependent on participation in learning opportunities that arose out of their work. This dependence was not problematic if they experienced equal access to these opportunities, such as how to respond to clinical situations or how to deal with systemic concerns. The

findings discussed in chapters 4 and 5 show, however, that NPs did not experience equal distribution of opportunities to learn at work. Further to Billett's (2004) work, my study showed that affordance in the NPs' workplace was highly influenced by three conditions of their work: the interdisciplinary team, work intensification, and underemployment. These conditions, in turn, affected what Billett (2001) referred to as the invitational qualities of the workplace.

Invitations to participate in learning opportunities could be a double edged sword from participants' viewpoints: in their clinical work they wanted to be "true to the learning;" in other words they wanted to participate in learning to keep their place as experts, but they were affected by issues of workload, fairness, and equity. On one hand, as Sophie mentioned, she did not just want "to get the crumbs [physicians] want to give me;" rather, she wanted to experience genuine invitations to participate in learning that demonstrated forethought as opposed to afterthought. Jane M. similarly indicated that physicians acted as gatekeepers to learning opportunities in her clinical work which, because it was the largest component of what she did on a daily basis, represented the biggest potential for learning at work. When she was included in learning in this clinical work she felt that others had a vested interest in her growth and development as a NP. Thus, it appeared that she experienced a sense of connection and belonging when she perceived that others cared about her learning at work. On the other hand, other NPs were less inclined to agree that they wanted to be included in learning in this manner. More specifically, they were reluctant to have physicians who did not understand their NP work direct their learning in a manner similar to what would occur for medical trainees. They thought that these additional expectations might put too much control on both their work and non-work time, especially where conflicts between workloads and home life were already difficult to manage. Therefore, these findings suggest that invitational qualities of learning in the workplace arise from individual perception; what may be considered invitational by some may be considered restrictive and marginalizing by others (Billett, 2001).

In sum, conditions of underemployment were dependent on the social landscape of their workplace. When NPs' desires to expand and grow their knowledge and skills to their full scope were not accommodated by managerial, nursing, and medical groups, they experienced underemployment. These findings support a recent Canadian study that revealed substantial role confusion and consequently, scope of practice limitations imposed on three regulated groups of nurses (Registered Nurses, Registered Psychiatric Nurses, and Licensed Practical Nurses) where overlap exists in many activities that they and other professional groups perform (Besner, Doran, McGillis, Giovannetti, Girard, Hill, & Morrison, 2006). My findings add to this research in that I have demonstrated that role confusion and practice limitations are experienced by NPs as well.

How do NPs Negotiate the Conditions of their Work?

Fenwick (2006) asks "How do people learn to position themselves and to construct, negotiate, or resist particular subjectivities in particular workplaces?" (p. 192). My study provided unique, albeit unexpected, opportunities to examine how the

perseverance of 12 NPs, told in stories of action, helped them negotiate locally the conditions of an interstitial space that they occupied in their workplace. Elsewhere, I have discussed the work that NPs perform in this interstitial space, and how the actions of those occupying the professional compartments surrounding their space impact their well-being and learning at work. I have not, however, addressed fully how NPs have learned to regain control and balance, to extend the space that supports their existence that nourishes their well-being, and to negotiate their learning at work. In doing so, I discuss five learned patterns of action that the NPs employed: learning to avoid action; learning to negotiate workloads; learning to change their work environments; learning to develop relationships; and learning to educate others.

Learning Patterns of Avoidance

In this study, NPs learned to actively and consciously avoid taking action against oppressive conditions. Phrases, such as "ignorance is bliss," "I'm not a political person," "staying under the radar," "don't take it personally … move on," "it will be this way so why ask," and "it becomes easier not to bother," pointed to the learned nature of this inaction. Not all participants chose avoidance as their first line of action, and it occurred in degrees where some "waffled" between wanting to and not wanting to declare their positions. They hesitated because on one hand they were dissatisfied with not having a voice, but on the other hand they had learned from past experience that by taking action, they could be regarded as problem individuals. Another reason participants chose not to get involved in tension-filled situations, such as supporting issues of contention their co-workers wanted to bring forward, was to avoid "getting pulled in on the periphery." This meant that from past experiences they had learned that by getting involved, they could bring unwanted attention to aspects of their own work that they themselves experienced positively; they did not want to risk having this unwanted attention change or jeopardize what they loved about their work.

Avoidance, as well, was a form of coping with aspects of work that they had learned were difficult to change, such as micro-organizational politics, or co-workers' attitudes: "There's some things you just can't change…that are out of your control…so you can't let them bother you…you can't have that baggage with you" (Lil). "Don't make yourself crazy" (Amy). In most circumstances, NPs tucked the unchangeable away in order to remain positive, optimistic, and satisfied with their work. In other circumstances, however, these politics and behaviours became unbearable; where they led to feelings of hopelessness and distress, participants left the organization.

Learning to Negotiate Workloads

Workloads were a point of contention for all participants. Lil noted that, as a result of demanding workloads and constantly changing work environments, it was becoming more difficult to focus on what could be learned. Consequently, where team members were able to focus only on completing one routine task after another, participation in activities to help maintain their expert status were diminishing. Reliance on past learning strategies, such as "being there," and "being a sponge," were failing

them because the work was becoming repetitive. Slowly, they were coming to understand that they had to seek other ways to contend with the tensions they experienced from the competition between heavy workload demands, and their personal needs for learning. This could mean, for example, making conscious attempts not to get "over extended" by utilizing other staff resources and learning to ask for help: "It doesn't mean I'm incompetent; it's just recognizing why should one person struggle when there are others around who can help" (Nancy). At least one half of participants were adamant about not taking work home with them, even if it was "cheating." Cheating, Katie explained, meant becoming more passive in her studied learning, and more reliant on activity driven forms of learning. This learned practice was a form of multitasking, whereby she was completing her clinical tasks while, at the same time, scanning her environment to hone in on discussions or observations that could lead to learning.

Workloads were negotiable to a point. This negotiation was anxiety-provoking though, because NPs were uncertain what reactions they would get from others, including their direct supervisors. But as Sara explained, she had to believe in herself so she pushed to have her workload reduced: "I know I am not a slow person; I know I work hard." Like Sara, when other NPs began to comprehend that it was not their own inefficiencies that made their workloads unmanageable, they became more assertive and were more apt to express their well-being needs. Nancy, for example, had learned to refuse extra work. Further, where she had learned to pay attention to what her body was telling her, when she recognized that she needed a mental break, she was less hesitant to say "no, I need some time." However, findings from chapters 4 and 5 show that NPs typically learn to forget or ignore their bodies and, as a result, their health and well-being needs are silenced.

Learning to Change their Work Environment

Nurse Practitioners opted to change the social landscape of their workplace. More specifically, many NPs indicated that they wanted to help create a work environment that was more positive, friendly, and supportive for other health care professionals, including other NPs and other groups of nurses. Nearly all participants had learned that one way to approach this change was to provide positive feedback. "Always tell people they did a good job, especially when they've had a bad day. It makes a world of difference because sometimes you doubt yourself: 'did I miss something?' You need to hear that you did well.", Positive feedback included "saying thanks for the help," or "not just overlook[ing] what they did right and beat[ing] them over the head with something that they did wrong." Participant NPs had also learned to model behaviours of workplace respect that they observed were missing in their workplace. "Back stabbing", gossiping, and "jumping the chain of command" to "tattle tail and get people in trouble" were behaviours they found especially difficult to contend with. In situations where they noted these behaviours occurring, they had learned to verbalize their dissatisfaction, and made attempts to get others to understand it was better to deal with problems directly and be up front with people. They indicated that this behaviour seemed like "normal courtesy," yet they shared many stories about how they themselves had fallen victim to these ill-mannered behaviours. The NPs indicated a desire to share the learning they derived from

these negative experiences with others to lay foundations for a more respectful workplace, for example by acknowledging people for what they do: "[P]at them on the back and commend them for dealing with a tough situation" (Jen). Respectful workplaces, in turn, contribute to work enjoyment.

Learning to Develop Relationships

Drawing from findings presented in chapters 4 and 5, when NPs established relationships with other professional groups, such as their supervisors or physicians, they learned that these other actors were more inclined to include NPs in various organizing activities, including learning events. Further, where other actors were more familiar with the NPs personally, they were more apt to care about their well-being, and growth and development. "It makes a difference in how you experience your work" because, according to Jane C., they were interested in her as a person.

Through different relationship struggles NPs experienced at work, they developed an understanding about what types of relationships they wanted to establish in their interactions with other professional groups. Three sets of work relationships were seen as important to develop. First, their relationships with other interdisciplinary team members were important. Nancy, for example, explained that she wanted to work with physicians, "not against them." This highlights a point about collaborative work relationships which was similar to what Mindy longed for: "I want to find a way to work with the team because I don't want the inability to establish respectful collaboration with one group [of nurses] to be a reason for leaving." NPs found many ways to establish relationships with other nurses on the team. For example, Jane C. focused her attention at work on supporting nursing staff "just to make sure they know somebody cares about them, and cares about whether they come to work or not, and who they are as a person and not just as a nurse … not just the worker." Second, NPs developed relationships with their supervisors. This relationship building went more smoothly if they shared a point of commonality with their supervisors, especially when the supervisors maintained a familiarity with their clinical work: "So she understands the pressure to some degree…it's someone I can say to 'I've had a bad day; this is what's happening in the clinic'…it would be a lonely role without her" (Grace). Jen similarly noted that her supervisor demonstrated a genuine interest in the day to day clinical care, which made her an effective "people manager versus a manager's manager." Third, their relationships to other NPs were important. Nancy learned that debriefing with her NP colleagues contributed to her well-being because she could discuss, for example, what her work day had been like or what issues arose with someone who actually could relate to and understand her location as a NP. Unfortunately, very few NPs found themselves in the company of their NP colleagues such that they could capitalize on opportunities to debrief. Further, they had not found ways to ensure that these NP to NP debriefings occurred, which detracted from their well-being and learning at work.

Learning to Educate Others

Educating others at work meant focusing on two considerations: the NP role and power differentials at work. Educating others about the NP role occurred from various locations. Nancy, in response to implications stemming from NPs being perceived as physician extenders, made sure to educate others by correcting this inaccurate portrayal when it occurred. She told those she considered to be misinformed that being a NP was neither a technical nor a medical role: "I get to be a nurse but get to enhance the patient care from all aspects of the role: leader, mentor, role model." Nancy learned to reinforce this education by keeping front-line nurses involved with the patient care she administered, which included getting their input and encouraging them to be part of decisions that she made so as to "empower them." Based on experience, Grace also explained that she educated others about her NP role at a local level: "Maybe you can change people on a one to one basis as they come through the clinic, and they can see what the role is all about. As my level of expertise will change, I think…that instead of me learning from them, they'll be learning from me."

Educating others about the work that NPs performed in their scope of practice, therefore, was a strategy NPs employed to make workloads more manageable. Sara discussed a strategy she had learned as she gained experience in her NP position. She spoke about "giving the work back" or "putting it back on them" in situations where she felt her knowledge and skills were being misunderstood and misused such that her workload was becoming unmanageable. In these situations, she asked the front-line nurses "Have you tried this? Have you tried that?" which, she explained, was a means to educate them while at the same time empowering them to use the knowledge they had. This strategy, she observed, increased the nurses' confidence in their own skills and abilities, which ultimately meant they were calling her less for "basic stuff." Giving the work back to the front-line nurses proved advantageous for Jen as well. This action increased the nurses' awareness of the more complex situations in which they should be asking for her assistance.

Educating others in the workplace was meant also to illuminate presence of power differentials that existed in nurse-physician relationships. Grace observed that health care remained a physician driven system. In this observation she had

> learned these tensions are not going to go away, and [I] have to accept that as part of the role because the bigger picture is not going to change…the socialization of medicine or the socialization of nursing….Not much of the hierarchy of the hospital has changed in the past 30 years. It is interesting that they bring people in and call them different things, but the structure still remains the same so that doesn't predispose to erasing any of those power barriers.

Even so, Grace thought that by educating others "one to one," she could initiate change on a small scale. She observed also that change was slowly happening "on the nursing side." She explained further: younger, newer nurses were coming out with a certain level of education and, as a result, they were placing themselves at a different location in the hierarchy; they were positioning themselves more collegially in relation to physicians. NPs, Grace continued, were among these nurses: "NPs can role model so other nurses in

the system can see that they have as much influence over the patients as the physician, and yet, still retain what is essentially nursing."

Sophie as well expressed hope about changing the overall mindset of nurses, and more specifically about educating NPs themselves to raise their awareness about power relations.

> I'd like to mention an observation that all NPs might want to reflect upon. We are new to the scheme of health care. We will win more friends and allies by "joining the team," and working our way in through friendly alliances and sheer persistence, than we can by telling people that we are qualified and licensed and, therefore, entitled to practice. It is kind of like Aesop's fable about the sun and the wind. The wind lost because it tried to force the coat off the traveler. The sun won the contest because it made things warm…and the traveler decided to take his coat off on his own accord and, in the end, continued to think it was entirely his idea. (Sophie, journal entry, original emphasis)

Sophie's words of wisdom highlight a key point; NPs will not extend the interstitial space they occupy by "bull-dozing" their way through. Rather, to extend their space and secure and sustain their positions in health care delivery, they need to consider forming coalitions with other professional groups, including physicians, managers, and front-line nurses who, for the most part, want to be on their side. They also need to "rally the troops;" in other words, they need to find ways to collectively strategize with other NPs. Grace expressed optimism that as NPs formed a critical mass they could become more active collectively; she explained that in order to have any impact on patient care or the conditions of their work "outside of [their] environment," collective activity was warranted. She could foresee a time where NPs became "much more aware of their own value and started to ask executive levels for recognition, for time, for this, for that." Mindy's comment, from a different interview conversation, provided a different and less optimistic reality. She worried that collective activity and coalitions at a broader level were not as close as hoped because people were "numb" to what was going on around them, and they were caught up in their own issues.

Discussion: Embedded Conditions, New Understandings

Thus far, discussions have focused on micro-level episodes of well-being and learning as they occur in the day to day activities of NPs' work. These micro-level episodes draw us to these NPs' views of their personal responsibility for well-being and the instrumental, procedural focus of their learning, both occurring in relation to their locations with physicians predominantly, but also with managers and front-line nurses. The purpose of this section is to move further towards a deeper understanding of interrelationships between well-being, learning, and gender in terms of broader sociopolitical conditions, structures, and practices of work. Four micro/macro relationships will be discussed: the interstitial space, gender-based issues, women's learning at work, and socialized learners.

The Interstitial Space

In health care, NPs have been reintroduced into delivery models. It had been my observation that NP positions were being created to assist in delivery of care in many programs, such as children's health and family health. Nurse Practitioners were lower cost providers and, even though they were not meant to replace physicians, they were rendered threatening and suspicious by these higher cost providers. It was not so much that NPs threatened the job security of physicians because they were not salaried employees, as had been observed in influxes of other lower cost providers (Besner et al., 2006), but that they were perceived to have a negative impact on fee structures (Sylvain, 2006). This negative fee impact was discussed briefly by three participants in this study. It bears mentioning because, according to Grace and Sophie, health care delivery remained a physician driven system that was "not going to change anytime soon." As nurses, even though there was an expectation that they have some level of medical knowledge to participate in clinical decision making, NPs did not belong to this professional group.

Within their own nursing profession, these NPs were perceived to be leaders and experts. This had recast their relationships to other nurses; they were "still a colleague because you're still a nurse but it's a bit different because it's kind of supervisory, we appear higher on the organizational charts…we direct them in what to do, and make sure they carry it out…not at the same level, but [we] interact collegially" (Jane M.). Further, nearly half of study participants spoke about the relational tensions they experienced with lower level managers, who themselves were nurses. Drawing from their narratives, many experienced confusion about how they fit with the lower level managers regarding unit and program level decision making; they perceived that, as leaders and experts, the lower level managers underutilized them in this regard. These struggles to position their knowledge within their own nursing profession, as well as an understanding that NPs had some medical knowledge yet were not physicians, drew my attention to the uncertainty NPs experienced around locating themselves in the team hierarchy. They saw themselves existing somewhere in the interdisciplinary team, but remained in limbo because their knowledge, expertise, and leadership skills were inconsistently utilized by other team members.

These in limbo locations point to the grey areas not often discussed in team discourses. Work teams, argues Fenwick (2004b), are often associated with post-Fordist reforms that put up a front of participatory decision making. Inherent within these team and decision making structures are an emphasis on shared vision, values, meaningful work, dialogue, and continuous learning; yet what is experienced by workers is quite different (Fenwick, 2004b). As Sophie explained, when she took up the NP position she occupied at the time of this study, "it was great logistically how it appeared but when you get into it the soup was quite different." This describes the process by which NPs envisioned team work, and how they actually experienced it. What needed closer examination, therefore, was how the NPs experienced the discourses of interdisciplinary team practice in these poorly defined grey areas. Drawing mainly from participants' narratives, but also using my own nursing and adult education experiences, I have

reconceptualized the work team such that I have termed the location that the NPs occupy as an interstitial space. This space provides a connection between professional compartments, and signifies also the overlapping nature of knowledge NPs possessed, and the work that they performed.

These NPs, however, rarely question the conditions, structures, and practices that occur in these less well-defined, in limbo, fluid, and shifting spaces where they are located, and where they are expected to conform to the professional ideals of more solidly positioned groups. Occupying this fluid space also means that it is difficult for NPs to be solidly grounded in their own knowledge. While they move freely in this space, they are unsure of how they fit into their organization. Further, how they see themselves in this space is linked to their identity; they can neither be solidly grounded, nor gain a strong sense of who they are. This instability renders them vulnerable to outside forces; when those outside forces move around them NPs may either be "cut out," or they take on the identity of stronger groups to gain inclusion. For example, participants have adamantly declared they are not, as other group of nurses have accused them, "physician wannabes" or "physician extenders." They have expressed passionately that NP positions are, first and foremost, nursing positions that are "an enhancement of what nursing does." What the NPs do not seem to notice, however, is that in response to team structures and practices set up around them, they appear to change their identities; they change their behaviours to respond, act, and make decisions like physicians and, in the process, begin to lose sight of what is distinctly nursing. Other team members, therefore, are not able to distinguish them from physicians.

This propensity towards sameness renders invisible the overlaps and complex relationships that allow for different ways of doing and being at work (Solomon, 2001). The "exotic distant other" (NPs) becomes repressed while questions about "who is different from whom, how are they different, and who identifies them as different" are silenced (Solomon, 2001, p.49). This identification, according to Curtin and Flaherty (1982), is a process of role internalization, whereby nurses begin to identify with their role models, and, both consciously and unconsciously, to adopt their behaviour patterns. Drawing from Fenwick (2001b), politics are central to human activity, identity, and meaning; NPs are, therefore, vulnerable to those intent on sustaining the discourses and practices that ensure their own power. In these uncertain and somewhat unpredictable responses to their work, the NPs risk becoming marginalized and disconnected socially. This understanding leads me to question: How do we cultivate this in-betweenness rather than trying to plug NPs into the existing infrastructure? How do NPs work in a system that creates space for other health care professionals when they themselves do not fit comfortably into a single, conventional category? One approach, argues Fenwick (2001b), arises when workers can collectively learn to demystify the conditions, structures, and practices that keep them confined, to identify their own complicity in sustaining repressive practices, and then learn together ways to re-envision these systems and open spaces for more inclusive, generative practices. But these NPs did not seem to turn to one another to learn practices of collective support and solidarity for challenging the systems in which they worked.

The interstitial space that NPs occupy is, therefore, tenuous and shifting. This highlights the variable nature of their work. When their space, while remaining highly organized, becomes less controlled by others, they experience opportunities to be creative and are challenged. These conditions are conducive to feeling inspired and energized, and make some NPs eager to take on broader, deeper learning, such as how to negotiate the sociopolitical aspects of their work. On the other hand, when they are unable to control their work environment they experience work intensification, a condition that participants have acknowledged is stressful. Work intensification also competes with deeper sociopolitical learning, but has been accepted nonetheless. Livingstone (in Eichler, 2004) refers to this acceptance as the labour of love. He explains that people have convinced themselves that the work they are doing is not for their own sake, but for the sake of others, and they feel generous doing it. The problem with this altruistic stance, notes Livingstone, is that workers tend not to see their work in any kind of oppressive or coercive way because the work they do can be so invisible that even they themselves do not understand they are doing it. When these mechanisms of oppression and coercion are named and demystified, ways and means to resist them appear (Fenwick, 2001b). Solomon (2001) terms this learned process of naming and resisting "disruptive opportunities" (p.50).

Gender-Based Issues

Drawing from Howell and associates (2002), many participant experiences of work intensification may be related to questions of multiple identities (paid worker, unpaid parent, partner, citizen). These NPs appear to experience constant tensions among these identities as they try to reconcile competing responsibilities in their work, family, and community lives. Further analysis of these tensions has illuminated connections to three broader gender-based issues.

The first gender-based issue relates to women's socially constructed positions in the workplace. More specifically, I have found that NPs have been socialized to become the "housewives" and "mothers" of paid work. As such, they are expected to anticipate the needs of others, putting them before their own, even where their own well-being and learning needs are concerned. Women in the workplace, according to Mojab and Gorman (2003), are expected to display cheerfulness as they perform their work, where they are judged on their ability to nurture work relationships and support the growth and development of others. Recall that Sophie, for example, has stated that she did not become an NP to be "a helper … a tidy upper … a handmaiden … a secondary person." Rather, Sophie has indicated that she wants to believe that her role is seen as important by others, notably the physicians she works with. She is adamant that she is not in an NP position to clean up or remedy the patient care that physicians or medical trainees prescribe, but rather to direct and lead to completion care of her own. As for other participants, this process of completion (refining their patient care) has been fulfilling and satisfying because it contributes to their personal knowledge development. Grace similarly identified concerns about tensions that are known historically in physician/nurse relationships. She has stated that "a nurse in whatever capacity is a piece of furniture and they're completely invisible…in all kinds of ways…used for what they can…then

discarded." The fact that NPs are a highly educated group, Grace has further explained, has not changed this relationship dynamic because their nursing knowledge may be trivialized and devalued by some. Consequently, they feel disconnected from others and are disengaged from learning about how to locate themselves politically in their work environment. But that these NPs have raised these concerns showed their awareness – this action itself demonstrates that they are not entirely taking up these socially constructed positions willingly. These housewife and mothering positions are rather imposed upon them and upheld, either knowingly or unknowingly, by others in their workplace.

The second gender-based issue relates to what is known as women's impostor phenomenon. This phenomenon was first described in the 1970s as an experience of intellectual phoniness felt internally among women. More specifically, high achieving women are deemed successful by external standards, but internally, they feel incompetent (Clance & Imes, 1978). Consequently, they attribute their success more to luck than to intelligence or ability (Harvey & Katz, 1985). Impostor phenomenon has been studied in new NP graduates (Yerger Huffstutler & Varnell, 2006). In this more recent research, new NPs experience feelings of being an impostor or a fake as they transition from their student to professional positions (Yerger Huffstutler & Varnell, 2006). My study supports these findings. Kate, for example, has spoken about feeling secure and competent in her previous nursing position. In her current position as a NP, however, she feels unsure about her knowledge and skills, and is struggling to feel competent in the work that she is performing. Sara, as well, has expressed uncertainty about her knowledge level, and her ability to do the advanced nursing work. In both instances, the mixed messages conveyed to them in their external work environments about their work responsibilities and job expectations has added to their internal feelings of uncertainty and insecurity.

In an effort to alleviate these feelings of uncertainty or insecurity, they push themselves to learn continuously about how to provide "better," evidence-based patient care. Over time, even though they never feel caught up on this learning, the experience they have gained helps them "[talk themselves] into feeling good" about the patient care and services that they provide. My study does point out, therefore, that impostor phenomenon is not isolated to new NPs; it carries over to more experienced NPs as well. Sophie herself has explicitly identified the phenomenon, and "feeling like a fraud" in her interview and a journal entry. She has explained that the conditions of her workplace, such as being limited to work that is "secretarial" in nature and not being able to perform work in accordance with the level of knowledge NPs have, has added to her feelings of being an impostor, and has diminished her self-confidence. Similarly, Nancy and Jane M. have shared experiences where, when trying to act within the scope of their NP positions, they have been accused of being physician wannabes or physician extenders by other groups of nurses. This name calling appears to cause internal feelings of identity confusion, and they have learned to be careful about how to present themselves as separate and distinct from physicians. These experiences, shared by both by new and more experienced NPs in this study, signify unique findings: it is not only internal personal feelings of uncertainty and insecurity, but also externally imposed workplace conditions that feed and perpetuate women's impostor phenomenon.

The third gender-based issue relates to the conflict between work and family responsibilities. Work intensification renders the work and family tensions even more unmanageable (Probert, 1999). Changing demographic trends between work and family are becoming apparent: "the stable nuclear family organized around a male breadwinner and a female homemaker is declining as the social norm. With an increase in both the number of sole parents and families with both partners at work, the complexity of people's lives is increasing, as they juggle the demands of work and family" (Probert, 2005, p. 62). Even so, it is widely recognized that women have to contend with greater responsibilities for family work, and this may have an impact on their participation in the labour market (Morehead, 2005; Probert; 1999, 2005). For example, negotiating flexible schedules and managing family responsibilities while doing paid work are, according to Watkins and Marsick (1993), described as problems of productivity. But these activities, argues Morehead (2005), represent types of additional labour that parents, more typically mothers, perform on a daily basis so that their participation in paid work can continue. This "mothering even while at work," however, goes unrecognized and is "difficult to measure where only standard concepts of paid and unpaid work are considered by researchers or taken into account by policy makers" (Morehead, 2005, p. 18).

In my study, there are several examples of additional labour that those participants who are mothers perform in order to continue in their paid work: they negotiate their work schedules with their supervisors around their children's activities; they tend to concerns about their children's health and well-being while at work; they negotiate their work hours and absence from the household with their partners; they organize their partners' domestic responsibilities; they arrange and rearrange child care; and they assume part-time status. These findings support Morehead's (2005) claim "on the extremely strong influence of the household on the mother's labour force participation" (p.3). This influence of additional labour has increased work intensification experienced by NPs in their workplace, and disrupts their sense of equilibrium. For example, work intensification interrupts learning activities that are needed to support the practices of refining the patient care they provide. Consequently, these NPs appear to experience discomfort, uncertainty, and self-doubt.

Women's Learning at Work

These emerging patterns of work- and home-life conflicts that these NPs have experienced highlights what feminist researchers (Fenwick, 2006; Morehead, 2005; Probert, 1999, 2005) find problematic in women's learning at work: tensions come not from having children but, from the "relentless and continuous collision between work and life on a daily and weekly basis" (Probert, 2005, p. 69). While contending with this work and home conflict, the already marginalized women are viewed as problematic when they exhibit an unwillingness to participate in learning where boundaries between work and home are erased (Howell, Carter, & Schied, 2002). As such, women are perceived to have less human capital than men, measured in terms of formal qualifications and work experience, and they seem less willing to "attack the career structure as vigorously as men, with significant proportions appearing to stop climbing just as they are getting near

their peaks" (Probert, 2005, p.58). Female part-time workers especially, argues Probert (1999), are hampered in their career development; they are sidelined from learning opportunities at work because they are unable to participate in education that has been designed for full-time workers. Further, the manner in which workplace education is organized assumes a level playing field among workers, treating work as if it were always paid employment in full-time jobs (Butler, 2001). Women in discontinuous feminized career structures, therefore, receive little further career development in the workplace where support and opportunities for learning are directed towards workers in uninterrupted career structures (Probert, 1999). Support and opportunities for learning are directed towards high-status, high-level employees, whereas those whose positions are less valued, despite including the performance demanding work, may be denied opportunities to learn more broadly (Billet, 2001). The problematic of measuring women in terms of human capital, uninterrupted full-time employment, and status in connection to inclusion in opportunities for learning at work is what other researchers (Fenwick, 2004b; Howell et al., 2002; Probert, 1999, 2005) refer to as return for learning. Return for learning, they argue, is still highly gendered. Women have to rely on external credentialing of expertise, causing unequal access to opportunities, and reliance on their own resources to pay for their own training (Fenwick, 2004b; Probert, 1999).

Return for learning has also been criticized on the basis of women's commitment to and motivation for learning at work. Claims about women's commitment to work as an explanation that women are disinterested in learning at work have been disproven; in fact, women demonstrate equal commitment to learning (Bradley, 1997). The vast majority of women are still active informal learners who have not been discouraged in their pursuit of lifelong learning (Livingstone, 2001). Rather, women tend to experience greater barriers to participation due to limited material provisions (lack of time and money, family duties, and inconvenient locations) rather than lack of motivation (Livingstone, 2001). These findings coincide with what Morehead (2005) and Probert (1999) identify as an embedded contradiction of using the concept of choice to explain women's participation patterns in workplace learning; there is, they argue, disregard for the powerful external influences that impact participation, as well as lack of recognition for the learning that happens outside of paid work. Learning, which used to be factored into paid work, is now pursued as unpaid work hours, thus lengthening the workday without increasing wages (Mojab & Gorman, 2003). Further, in a 33 year follow up of the 1958 British birth cohort (Matthews, Hertzman, Ostry, & Power, 1998), women reported more negative work characteristics than men, primarily because of differences in learning opportunities (26% of women lacked opportunities compared to 13% of men), and monotonous work (47% and 31% respectively). Findings of this follow up study also indicate that those performing part-time paid work experience higher frequency of negative work characteristics (fewer learning opportunities, monotonous work, lower control) than those participating in full-time paid work (Matthews et al., 1998). These findings support my own, which suggest that part-time work did not necessarily provide NPs with a solution when they attempted to balance work- and home-life roles. In essence, part-time work offers NPs flexibility at home, but where is the trade off if the work itself is experienced negatively, whereby they are disadvantaged in terms of well-being and learning in the process? Therefore, only certain groups benefit from learning at work; those in non-

typical and/or part-time positions have consistently lower chances of being offered training of any sort (Keep & Rainbird, 2002).

NPs: Socialized Learners

"The health care environment is dynamic and continually changing in response to scientific advantages, new technologies and therapeutic innovations. Faced with an environment of rapid change, NPs must rise to the challenge by embracing continuous, life-long learning approaches designed to keep their skills and competencies relevant and up-to-date" (Canadian Nurse Practitioner Initiative, 2006b, p. 17-18). This statement reflects the nature of expectations for learning that NPs face with regards to continuous learning and development that is regarded as a necessary fact of life in today's workplaces (Kanter, 2003). Solomon (2001) argues that learning at work has gained new status in post-Fordist workplace discourses; there is an emphasis on ongoing skill development as the workplace becomes a site of knowledge production, where there is an increased recognition that the capacity of an organization depends on the learning potential of its workforce. Drawing from Solomon, NPs, I conclude, have been socialized to become certain kinds of learners that require "fixing" to keep up with the pressures of rapid technological changes. Nurses, as well, have become "multi-taskers extraordinaire;" they are asked to learn to do things bigger, better, faster, and more efficiently in a system that is in "overdrive" (Knowles & Bridge, 2007, p.23). This learning comes about as a result of socialization; they are expected to be "mind readers to anticipate the needs of others and thinking two steps ahead all of the time" (Knowles & Bridge, 2007, p.23).

Opportunities for instrumental and technical, how-to learning are in abundance; however, learning in this sense is productivity focused, and has little to do with personal growth and nursing knowledge development. This type of learning, therefore, does little to grow NPs' confidence in their nursing abilities, and may be energy depleting. Professional staff in post-Fordist workplaces, which includes NPs, become "the workers who have learned to subordinate personal goals in favor of institutional good" (Howell et al., 2002, p. 122). Further, argues Fenwick (2006), these professionals are also socialized to accept constant change as a given, to forego expectation of stable employment and organizational loyalty, and to assume personal responsibility for adapting to organizations' changing needs for skills and labour. Workers, and women in particular, are therefore perpetually in deficit: in a climate of continuous innovation and change, they cannot be grounded in a sense of expertise or stability, but must constantly prove their knowledge value from locations where they have little personal control over what is learned and why (Fenwick, 2001a). Learning that is supported is, therefore, intent on creating the right kinds of workers (docile, flexible, and adjustable) (Howell et al., 2002). Those workers who object to this learning are identified as trouble makers, and their dissent and critique is attributed to psychological or attitudinal problems (Howell et al., 2002). Consequently, changes in work and the way it is carried out bring a need for upgrading workplace knowledge and competencies, but this increased demand for learning may be experienced as an additional stress factor and thus, a risk to health (Paulsson, Ivergard, & Hunt, 2005). Rather, where workers have increased control over

learning processes in the workplace, they experience a reduction of learning-related stress (Paulsson et al., 2005).

Important learning, then, is seen as coming to a critical awareness about one's workplace contexts, as well as how one's actions uphold embedded discourses, such as learning for productivity (Spencer, 2001). This awareness involves relearning (Knowles & Bridge, 2007) such that NPs, for example, begin learning to name these ills of socialization, and to describe how their well-being is negatively impacted. Following insights of Fuller and Unwin (2005), NPs must demonstrate an "appetite for learning beyond the parameters of what they need to know in order to be able to perform their…jobs effectively" (p.31). In one study, opportunities to learn or stretch beyond the superficial aspects of effectiveness were found to be stimulating, and were argued to be a core determinant of health (Nilsson, Hertting, Petterson, & Theorell, 2005).

Conclusion

In closing, the aim of this chapter has been to explore the landscape of conditions that impact how NPs experience well-being and learning at work. The findings suggest that three conditions are relevant to how NPs experience their work. First, NPs are subject to team discourses that are hierarchical in nature, especially in terms of decision making and communication. Second, they are subject to work intensification secondary to the exploitation of the unpredictable nature of their work, and unclear boundaries separating their work from other actors. Third, they are subject to underemployment, mainly as a result of being limited in their scope of practice, and experiencing disconnect between their formal education and the work they perform. Regardless, many of these conditions remain unnamed and as such the NPs have not learned ways to resist them to attain well-being. However, the findings of the second section of this chapter do suggest that individual, sporadic episodes of negotiation are occurring.

Chapter Seven

Conclusions on Well-Being and Learning in the Workplace

Many themes about well-being and learning through work have been drawn from the narratives provided by the 12 Nurse Practitioners (NPs) who participated in this study. These themes point to the everyday negotiations of workers in today's organizations, which are often fraught with conflicting demands and meanings. My early assumptions of well-being and learning were challenged by the findings: where I expected a group of women who were thriving in their work, I instead found individuals who were struggling to define themselves and locate their knowledge in an overstretched healthcare system. This struggle for knowledge is intricately linked to the politics of learning at work – "Who gets to learn what, and who gets to decide who learns what?" (Wilson & Cervero, 2001, p. 272).

The purpose of this chapter is to present conclusions drawn from the study, presented with an eye to practical application of the findings. This chapter is organized into three sections. The first section summarizes the key findings and further insights of this study. The second section addresses implications for practice and research. The third section offers general reflections on my research.

Key Findings and Further Insights

Summary of Key Findings

I chose to examine well-being-learning connections in health care because I believed its caregivers had a language for well-being. It is, however, ironic that nurses have the lowest health and well-being status among all groups of health care providers. Five key findings about well-being and learning were apparent in this study.

1) Nurse Practitioners experienced common conditions in their work across several different and diverse locations within their organization that impacted their well-being and learning. These conditions were interdisciplinary work teams, work intensification, and underemployment.

2) Unexpectedly, within these work teams NPs were positioned within poorly defined spaces which impacted both their identities (images they had of themselves) and subjectivities (actions and tellings of their well-being and learning).

3) In these poorly defined spaces gender seemed to disappear; the gendered nature of their work as NPs was largely ignored in the space they occupied between the highly feminized and highly masculinized structures of nursing and medicine respectively. Where NPs suppressed an awareness of themselves as gendered beings, they were prevented from addressing both the female-female and male-female power relations that were designed to keep them excluded from organizational discourses.

4) Unquestioningly, NPs were committed to their work. They exuded a sense of loyalty to their jobs, not so much to the organization itself, but to the people they interacted with in a helping, caring way (patients, families, and their nursing co-workers), even at the expense of their own well-being and learning. Their unawareness of this human cost of caring rendered them at risk and vulnerable to exploitation by a health care system that, in the name of productivity, would continue to strip away any sense of themselves they had left, as well as what they loved about their work. Some did, however, reach a point where this human cost became too great and they left the organization.

5) Unlimited attentiveness to the needs of others was a mandated condition of their acceptability as NPs. Their sense of who they were, as well as their success, was shaped by the male-based language of medicine. Further, their socially constructed positions limited what and how they learned at work; they were socialized to be efficient and productive but, they had less control over learning processes related to personal well-being and political growth and development.

Key Learnings about Well-Being and Learning at Work

The literature relevant to well-being and learning at work suggested several questions, which I presented in chapter 2. In this section I expand on these questions in relation to my own study findings.

What are the perspectives of employees on their well-being in relation to how they experience their work? Identities (the images they had of themselves) appeared to be a considerable concern to participant NPs. Above all, they wanted to be seen as leaders and experts, not as extensions of other actors. They therefore saw themselves as distinct from physicians, managers, and other groups of nurses. By enacting knowledge which they considered to be special and distinct in terms of patient care management, their identities remained intact and they experienced well-being. This enactment was, in turn, linked to feelings of control and autonomy whereby they experienced freedom to act with increasing independence and authority.

When do they feel inspired and energized at work? Feelings of inspiration and energy implied experiencing a sense of power. Nurse Practitioners indicated that they experienced two main instances of inspiration and energy. First, they experienced a zest for work when they felt a specific and worthwhile purpose for being there. This sense of purpose appeared to be linked to a sense of fit between their knowledge, talents, and abilities, and the positions they occupied. Second, they felt inspired when they felt themselves affecting the lives of others in ways they considered beneficial. More specifically, this impact was felt when they learned ways to nurture others which, drawing from Hochschild (1983) and Rogers (2001), was the emotion work of nursing.

When do they feel the opposite of this? Nurse Practitioners indicated feelings of imbalance (at odds with their identities) when they experienced structurally imposed practice limitations that contradicted their visions of NP practice. This disequilibrium was

often first experienced as self-doubt, whereby they internalized these external limitations. Many did, however, reach a point where they became aware of these contradictions. It was how they learned to act in relation to this awareness that determined their well-being. For example, when they reported feeling powerless to affect change in how their work was organized, they also reported experiencing hopelessness and detachment. Conversely, where they began to recognize and learn to question these contradictions, they seemed to regain some feelings of balance or consistency between their work activity and their felt identities.

What do people learn at work? At first glance, NPs describe their learning in patterns of language that have been called instrumental and techno-rational learning at work (Easterby-Smith, Crossan, & Nicolini, 2000). That is, their learning focused on mastering received routines and procedures. They experienced other learning, however, such as how to quiet their desire to enact their knowledge, and how to be submissive and accommodating in their relationships with other actors. Howell (2001) refers to this silencing as "[putting] on masks" (p.3): the NPs may become someone they are not, or do not want to be as they perform their work. For example, they learned how to use humour to disguise their feelings of tension and irritation. Drawing from Gorman (2000), NPs learned to deceive others about their feelings while acting their parts, and some even deceived themselves. Hochschild (1983), for example, terms this deception as surface and deep acting. In my study, acting was evident when the NPs had learned to quiet their inner voices to become mentally detached from feelings of fatigue and illness. I have termed detachment between their mental and physical beings as "forgetting their bodies."

What inspires people to learn? The findings confirmed what others found about people's learning at work (Billett, 2004; Ryan & Deci, 2000): NPs voiced a strong desire to learn through challenging, novel, and intriguing work that ignited feelings of passion and curiosity. Practices that pulled them in from their peripheral and marginalized locations in their organization were experienced as meaningful learning. Drawing from chapter 5, meaningful learning appeared to embrace two dynamics for NPs: it involved self-determinism, and it led to generation of new knowledge that was taken up by other organizational actors.

What conditions support their growth and development both individually and collectively? Individual and collective learning represented potential sites for NPs to resist the oppressive conditions of their work. In this study, this potential for collective learning, especially, remained hidden. They were, however, learning on some level how to negotiate time and space for sense-making in their struggle to define and locate themselves within interdisciplinary work teams. There was, however, rarely a break in their workloads to give them peace of mind and rejuvenation through learning that was unproductive (had the potential for personal and collective development), such as attending conferences. Together, peace of mind, rejuvenation, and sense-making could allow them to scan their environments and hone in on activities that had relevance to the collective. This individualized process could result in collective learning, where NPs strategized to create space to develop connections to each other.

What conditions are antagonistic towards this growth? The findings suggested that NPs were subject to many oppressive forces as they performed their work. A common disjuncture was that other organizational actors often misunderstood their purpose at work, and overlooked their knowledge as NPs. Part of this oversight included ignoring the NPs' desires to insert themselves in knowledge generating activities. Three specific conditions of their work contributed to problematic well-being-learning connections: interdisciplinary work teams, work intensification, and underemployment. Upon deeper analysis, however, it appeared that NPs may unwittingly and unknowingly contribute to this antagonism: their disassociation from broader macro-level political discourse at work, such as those legitimizing or de-legitimtizing the work that NPs did, was a factor in their not growing and developing more broadly in matters pertaining to naming and dealing with the various forms of oppression. Drawing from Butler (2001), discourses not only affected how NPs viewed themselves, but also controlled their knowledge by naming some things, and ignoring others. Whatever is named in these discourses becomes visible and important to know (Tisdell, 2001). Therefore, employees (NPs) may be subject to an absolute control over their minds so that they will be transformed to think and act alike at all times, in accordance to the organization's set rules (Ng & Cervero, 2005).

At what point, if ever, do employees become consciously aware of tensions they may experience in this socialization at work? In their location in interdisciplinary work teams, NPs were socialized to be certain kinds of learners; they were socialized to be the doers of work. This meant that they believed they had to be physically and mentally available at all times to perform work that other organizational actors deemed necessary to shape their constructed, productive identities. For example, their own insecurity exacerbated this overextension, and many, therefore, did not question this socialization. They were impelled instead to continue on their unhealthy course of continuous productive learning, and tried to extend their involvement into many aspects of work. In this way, they believed they were able to anticipate the exhaustive list of needs of others in a system that was insatiable in its lust for control and excellence. It was when the NPs' values collided with the organization's values that they began to question this socialization. For example, NPs held dear the caring and nurturing dimensions (emotion work) that were part and parcel of their nursing knowledge. When this emotion work was subjected to the monitoring practices of productivity, such as workload measurements, standardization, or "feeling rules" (Hochschild, 1983, p.18), the NPs experienced dissonance. "Bureaucratic organizations do not eliminate emotion. They do emotion work, or rather, through structures, processes, and procedures, rules and regulations, they do the work of assisting participants in distorting, manipulating, redirecting, and neutralizing emotion" (Rogers, 2001, p. 185).

How do they understand and contend with these tensions? Understandings about work-related tensions were subject to normative discourses about victim-blaming. Typically, NPs appeared to believe that the tension they experienced in relation to dissonance was a personal problem. In some instances, they could ignore these tensions, but when some began to experience work-related stress, they tried to confront the causes. They were limited in their efforts, however, because they failed to recognize that as a

result of internalizing the dissonance and tensions, they did not turn their critical gaze on outside forces of socialization and regulatory practices that dictated their tellings. The study findings show, therefore, that even where NPs experience dissonance, they might not learn how to contend with it.

In what ways do they seek to control the conditions of their own learning? Control at work was linked to boundaries which, in turn, shaped work tasks. Predominantly, NPs sought to gain control over their learning by managing their workloads. It was when the technical processes of doing the work superceded intellectual stimulation that their potential for learning more broadly was stifled. In this instance, they ideally learned to negotiate their workloads by creating boundaries around their space. Tensions arose, however, when they experienced guilt associated with efforts to create boundaries or when other actors ignored their requests for inclusion in work activities that transcended the technical.

Under what circumstances do they experience a sense of well-being in the conditions of their work? Well-being at work supports subjectivities that are constantly in process, and identities that are multiple and shifting. The circumstances where NPs experienced well-being in the conditions of their work centred on one idea. I am referring to the interstitial space that the NPs occupied. When they were able to name their location in relation to others in the surrounding compartments, they experienced a sense of well-being. More specifically, they experienced well-being when they learned to resurrect models of collaboration where they: enacted both separate and shared knowledges; were in close proximity to others; and were able to convey expectations of control and autonomy.

How is well-being learned? How does their relative state of well-being influence their learning? The study findings confirm what I have been intuitively aware of: well-being is learned. Part of this learning, then, is naming oppressors, and relearning new patterns of responses to contend with them. I am reminded of Myers and de Broucker's (2006) adage that learning begets learning. The process of learned well-being, in instances where NPs came to critical awareness, named the discourses, and relearned different patterns of response, became an impetus for further learning. Learned well-being, therefore, means coming to a critical awareness about workplace contexts, and one's actions that uphold embedded discourses.

What conditions provide support for employees to experiment with new approaches to their work? What conditions support their creativity at work? Opportunities to experiment and partake in creative processes at work were differentially privileged. These NPs, therefore, did not see themselves as the drivers of work-related change. They dismissed even the small pockets of activity they were engaged in. This certainly did affect change and innovation, such as program and organizational policy development. Many found that their participation in activities to drive change in terms of how they wanted to exist in the health care system was limited. It appeared that they had not yet negotiated a space to ensure their participation because they had not learned how to become political actors that were invited to the decision making table.

What conditions support employees', and in particular women's, unique well-being and learning needs? The study findings highlighted various tensions of multiple, shifting, and competing identities that women enacted within the contexts of work, family, and community. Yet, the findings also demonstrated that this additional labour was ignored in a health care system that traditionally created images of caring for people. This contradiction sent mixed signals to women, and left some uncertain about expectations, priorities, and loyalties. Local individual negotiations to overcome these uncertainties were occurring. Where these women NPs experienced success in these negotiations, they needed to believe that positive outcomes were the result of their own doing and not just luck. Where they did not believe in their own value and entitlements, it became easier for other organizational actors to ignore their needs; therefore, these women were not likely to experience organizational investments in learning beyond what was deemed suitable for productivity. These findings confirm those of Howell, Carter, and Schied, (2003): learning does not increase women's skills or their ability to move up in the organization, but instead concentrates on creating the right kind of flexible, docile, and adjustable worker who is "more prepared to be the right kind of corporate human resource" (p. 119).

Under what circumstances do employees question the conditions of their work? As relatively new members in the health care territorial, the NPs learned first hand that it was difficult to challenge a pre-existing, highly embedded, and concealed status quo. Where some NPs learned to trust their inner voices, specifically in an environment that supported questioning and debate, they experienced a sense of power that enabled them to question the conditions of their work. Where they felt free to communicate disagreement and challenges without fear of being viewed as deviants or trouble-makers these circumstances became potential sites for resistance.

How do they make their needs known to others? Do these others hear them? Workplace practices and traditions may either render intelligible or unimaginable the tellings of its employees (Britzman, 2000). There was a diversity of action and reaction among the NPs. While some felt comfortable expressing their needs, others had given up. This giving up was related to their not believing they were heard and/or not believing others cared enough to help them change oppressive conditions. Some conveyed feelings of despair ("what's the point"), which could be overlooked or downplayed by other organizational actors. Few NPs, however, had learned way to negotiate relationships, such as those with physicians for example, so that their voices were heard.

What issues do they deem important enough to take a stand? Taking a stand referred to practices of resistance that NPs employed in their negotiations. Resistance often related to issues that caused internal conflict with what they came to believe about NP practice as they gained experience in their positions. They found that the domains of practice they learned about in their NP education clashed with the reality of what it meant to occupy NP positions in the workplace. Above all, NPs were quick to explain that they were not physicians, and that they existed with both an overlapping and separate knowledge. They were also experiencing struggles in contending with workload issues stemming from expectations to be expert clinicians, educators, researchers, consultants,

and administrators. Where some NPs learned to negotiate their workloads, others learned patterns of avoidance.

How are they empowered to take action against conditions that are oppressing them? Empowerment meant finding a space where NPs could be NPs. Of note, one worksite in the organization had an NP leader. This leader was someone who shared the interstitial space with other NPs; thus, she was someone who understood their role and the tensions they were experiencing. Where NPs utilized this resource person, they gained help in creating congruency between the work they performed in their positions and what they learned in their advanced nursing education that NP practice should entail. NPs at other worksites who did not have a similar resource person relied on planned organizational events to meet other NPs. These events, however, occurred sporadically, and workloads prevented them from attending. These NPs, therefore, could experience difficulty.

How are they empowered to sustain the conditions that are experienced positively? NPs voiced a strong desire to retain family friendly scheduling, or continue working with physicians who expended effort and resources on their personal well-being and learning. They became skilled at not being "seen," so that the things they experienced positively in their work would not be taken away or altered. They could, however, become dislocated in this invisibility, which negatively impacted their well-being.

In sum, the key findings and learnings that have been discussed highlight important points that serve to guide our thinking and practice around well-being and learning for women NPs. These points also raise additional questions for further research.

Significance of the Study: Implications for Practice and Research

Recommendations for Adult Educators in the Workplace

According to Spencer (2001) people have always learned at least four main things at work: 1) the nature of work in a market economy (what it means to be a worker); 2) benefits to their employer (more skilled and efficient, more valuable human resources); 3) how to do the job in a less stressful or exhausting fashion; and 4) practice that benefits their own work group (p.33). Adult educators connected to the workplace, such as nursing associations, registering bodies, nursing academics, and nurse researchers, may disrupt at least one of these seemingly innocent notions of learning at work. They may assist NPs specifically by helping them to critically question the structures and issues circumscribing their activities, location and work boundaries, and become aware of ways their everyday decisions and dilemmas are penetrated by larger organizational structures. Feminist poststructural approaches to learning, in particular, emphasize not only reflexivity and analysis of how discursive practices work to constitute particular subjectivities and alternate possibilities, but also awareness of gendered conditions as constructed. Critical adult educators in the workplace may help NPs see that their "feelings [are] legitimate" in hopes of "eroding the taboos against discussing such life events" (Acker, Barry, & Esseveld, 1983, p.433). They may also introduce analytic tools

for NPs to begin to name their experiences within systemic analyses of the organization of health care knowledge and practice (Fournier & Grey, 2000; Gold & Peacock, 2001; Martin, 1996; Myerson & Kolb, 2000). This process may, in turn, be an impetus for helping NPs to find ways to increase their political visibility and voice in the hospital.

Adult educators in the workplace could also assist NPs to imagine new possibilities for themselves and new strategies that might disrupt current patterns, including their own socialized complicity in these patterns. One approach might be reaching out to each other, and to other groups of nurses to form a collective bond.

> The value or disvalue of hierarchical structures, interprofessional relationships, dependent versus independent practice, social attitudes toward women, remuneration for nursing services, specialization and diversification among nurses and the like must be addressed by their profession as a whole – and this will be achieved only if nurses recognize and cherish their professional bond and work together within it. (Curtin & Flaherty, 1982, p. 134)

Recommendations for NPs

Forming a collective bond should be of primary concern for NPs. This bond, according to Curtin and Flaherty (1982), can help NPs discover the outline of themselves within the totality of their nursing colleagues. In other words, through identification with others NPs may recognize dilemmas within themselves and learn not so much about "how to act as much as how to be" (Curtin & Flaherty, 1982, p.127). Dwelling too much on the internal and personal, Fenwick (2001b) cautions, deflects attention away from political systems that influence certain ways of thinking, acting, and relating. Therefore, this collective reflection could be helpful in ascertaining conditions of commonality but not at the expense of developing a critical awareness of broader cultural, social, and economic forces circulating to maintain the oppressive system (Fenwick, 2001b). This caution should remind NPs that "rights are attached to duties," one of which is the critical inquiry into socialization that "leaves nurses powerless in the face of awesome responsibilities" (Curtin & Flaherty, 1982, p. 130). Ermath (2000) argues that solidarity is one thing that makes possible social and cultural change where, drawing from subversive theory, the "competitive" I becomes the "new" we (p.115). While collective solidarity can be fraught with conflicting energies and even undesired consequences, writers tend to agree that the solidaristic bonds formed in a group's sharing of everyday experience and values, the naming of these, and the creation of their own history through this unfolding experience, is empowering (Ermath, 2000; Sawchuk, 2003).

Recommendations for Policy

The Canadian Institute of Health Information (2006) points out that Canada is facing an impending crisis in health labour forces. Similar to other groups of nurses, NPs represent an aging workforce. My study has shown that, even though NPs seemed loyal and dedicated to their jobs, energy depletion and negative health consequences may prevent them from continuing in their positions. This becomes an issue for retention. Two important points in this regard emerge from my study findings. First, NPs must be

supported in reclaiming their security. There is little doubt that a critical mass and collective bonds are important. Equally important, however, is giving NPs a reason to feel secure in relation to long term sustainability of their place in health care delivery. Drawing from Fenwick (2004b), policy must be directed at examining job conditions and patterns creating this increased insecurity, as well as at providing NPs and their employers with the means to change these practices. It is, therefore, time to remind NPs why they are a valuable and irreplaceable workforce. Second, attention must be directed to what Spencer (2001) terms minimum levels of provision. This minimum provision means that workplace practices including learning must be critically examined for inclusion and issues of marginalization. The worry, Spencer argues, is that "left solely to the market, a public good like education and training will be underprovided" (p.37). My study found support for this exclusion and marginalization for women in terms of education that was provided, especially beyond the technical, procedural aspects of work. The focus on learning, therefore, needs to move from the techno-rational discourse consistent with post-Fordist work structures to gender attentive processes related to learning about well-being. For example, this learning involves helping women come to critical awareness about the gendered conditions of their work, and helping them to learn how to respond to these conditions to preserve their sense of well-being.

Recommendations for Health Care Organizations

The findings of this study have implications for health care organizations that employ NPs and other health care professionals. First, this study shows that health care organizations have not yet created an infrastructure within which NPs may practice and experience well-being in a manner that is not exploitative. It is, therefore, important to place NPs in key positions within health care organizations to support them in explaining their role and in making policy recommendations.

Second, these caring organizations can do much to question how nurture and bureaucracy can co-exist (Gorman, 2000; Hochschild, 1983). Further, as Rogers (2001) states:

> In professions that have traditionally relied on the relational for their greatest efficiency, regardless of the rhetoric of quality, it is ironic that socialization into organizations of the twenty-first century requires participants to assume a persona that is technically competent, objective and impersonal … The diminished role of emotion inevitably produces an environment where nurture is the last thing on the agenda. Acknowledging the importance of emotion and emotional labour in the work of 'caring' has got to be the next major project in health, social care, and education. (p. 182, original emphasis)

The call for co-existence was also heard in the narratives of NPs who participated in this study. One strong aspect of their identities was linked to nurturing and caring. Where their organization did not place value on their emotion work, this devaluing was experienced personally. Combined with very little community reinforcing a central dynamic of nurturing – which many NPs seemed to seek – this devaluing compromised their well-being. When their values did not fit the organization's and they could not find

ways to reconcile organizational and personal values around priorities in health care, NPs took action by leaving. This becomes an issue for retention.

Suggestions for Further Research

How do employees learn to negotiate space to preserve a sense of well-being in today's growing health care field as it struggles to meet the demands of fast paced technical innovation and change? This is a critical question to ask, because as health care grows, new ways to meet these demands are becoming evident, such as new positions and overlapping fields of practice emerging within contemporary interdisciplinary teams. The NPs in this study provided a good example of the risks and vulnerabilities experienced in the space they occupied in one of these somewhat unfamiliar, overlapping, socially constructed team locations. It is, therefore, important to elicit experiences of other health care personnel as their positions are introduced into health care teams.

Several possibilities for further research may be drawn from these NPs' narratives, which I have not been able to attend to in my current inquiry. First, it is necessary to evaluate the NP role. For example, NPs are perceived to be leaders by other groups of nurses and by themselves. How this leadership is exercised, however, has not been widely explored in a location that is highly contested, where in their clinical work, whoever has the medical knowledge is the leader de facto, and in their non-clinical work, their authority is undermined. It is, therefore, important for organizations to explore ways to help NPs learn to negotiate space to support their leadership qualities which are largely overlooked. It is as well timely to contemplate the Nurse Practitioner name itself. More specifically, does this labeling work against or support the highly contested rhetoric of leadership and authority?

Second, the findings of this study suggest that it is time to look at the ways that NP positions are conceived. Are the five domains of NP practice conceived in a way that is practical in terms of workload manageability, retention, and role sustainability? Is the current approach to expecting NPs to be expert and productive clinicians, educators, researchers, administrators, and consultants viable? Is this approach the best way to support their well-being and learning at work? Should other kinds of roles and relationships specific to each domain be crafted instead? These questions speak to the need to explore how the nursing profession conceives of its space and location in Canada's changing model of health care delivery, and of its position on well-being in relation to learning of its members. Curtin and Flaherty (1982), for example, challenged nurses 25 years ago to form a professional bond. The findings of my study show that this need for the professional bond still holds true in today's workplaces. Therefore, much work is still needed in this area. For example, NPs, professional nursing bodies, researchers, and organizations could investigate conditions that create barriers and supports for establishing and sustaining collective bonds. These investigations should include interventions aimed at helping NPs develop a critical awareness of how to open their space such that they can practice in accordance with their depth and level of knowledge.

Third, the findings of this study show that employees talk about well-being using language that reflects an acceptance of personal responsibility for feeling good at work. Further, they seem unaware of learning beyond its technical application to their work. This brings me to question: how can we really research the health and learning of people at work? Is it even viable, therefore, to continue research that explores the well-being-learning connection? My answer to this question is unreservedly yes; we must continue to examine ways to help employees see conditions that cause certain behaviours, ways they accept these conditions, and ways to rename and reframe the systemic dis/eases they assume personal responsibility for.

Reflecting on My Research

What I Learned

I am privileged to have known the women who participated in this study, and I have learned many things from them. Theoretically, I understood that my reasons for doing this research were not about wanting to change these diverse women who have participated. My purpose for doing this research was rather to reach a common understanding that our liberation as women had as much to do with learning from each other ways to negotiate these conditions that enhanced our well-being as it did with celebrating our own inner-resourcefulness as women who were thriving in less than ideal workplaces. Even so, following Briskin (1990), I was aware that our power to change our circumstances was circumscribed by class, race, gender, and "bootstrapism" (p.6). This meant that while my hope was for liberation of myself and the other NPs, I was always faced with the reality that our work might not change anything.

I did not understand fully, however, how much I would be changed by the lived experience of talking with the women who participated. We have gained allies in each other. I believe that the participants have come to understand that while their own experiences are unique, they share some commonalities. I have learned that these commonalities are nodal points from which to collectively strategize for change in workplace conditions. I have learned that for them to carry this alliance forward and to become speaking subjects for themselves, as a first step these NPs needed someone to listen to their stories: not just to listen, but also to affirm these stories, and perhaps help provide language to express these stories and a contextual framework to help situate them within larger social and political patterns.

> Feminism as a world view allows us to make sense of our individual experiences; pulls us away from individualism and individual instances of discrimination to an understanding of the systemic character of oppression; moves us from a dependence and reliance on individual solutions (which often result in blaming the victim, who is unable to overcome the limits of her individual life) to collective strategies and social and political solutions. (Briskin, 1990, p. 26-27)

This brings forth epistemological considerations about the participants' knowledge: what others see, what they see, and what they are allowed to see in my interpretations of their experiences. This knowledge comes about as they see their experiences viewed within a

theoretical frame that illuminates their oppression in order to fulfill an emancipatory aim (Acker et al., 1983)

Reflecting on My Own Practice

Three interrelated considerations became known to me as I reflected on my research practice: the critical nature of my research; the anxiety of reporting my findings; and the moral truths I discovered about myself. In relation to the critical nature of my research, I experienced a tension in wanting to be empathetic while having to be harsh in applying a critical frame to participants' narratives. Christians (2000) terms this tension feminist communitarianism. This meant that as a researcher I was coming to terms with doing social research which "seeks to open up the social world in all of its dynamic dimensions, enables people to come to terms with their everyday experience themselves, taking seriously lives that are loaded with multiple interpretations and grounded in cultural complexity" (Denzin, 1989, p. 81). Ethically, therefore, this opening up made me aware that my role as researcher went beyond merely avoiding harm. It also explained why it was difficult to choose what was essential and not harmful, while trying to provide a realistic account of what actually happened in my interpretive account. This tension has left me to consider three questions proposed by Acker, Barry, and Esseveld (1983) which the participants and readers may use to judge my research for themselves: Is the active voice of the NPs heard in my account? Does the theoretical reconstruction account for myself as well as my participants? Does the reconstruction reveal the underlying social relations that eventuate in the daily lives of the NPs? Feedback that I received from participants who reviewed my findings affirmed that I met these considerations.

Tied to the tension I described was an internal feeling of anxiety. Christians (2000) explains that this feeling of anxiety may occur when I turn the critical gaze on the participants and myself. To elaborate further, the participants in my study were drawn from a small community of Canadian NPs who were in many ways similar to myself. While it was at times helpful that I studied people who had very similar experiences to my own, which could make me sensitive to problems and issues that otherwise might not have been visible, there was the risk that this closeness prevented me from seeing broader observations (Acker et al., 1983). I therefore had to consciously distance myself in my analytic discussion with the help of my thesis supervisor and others with whom I discussed my findings. Drawing from Lather and Smithies (1997), I was reflexively aware that I became the filter for the NPs' stories. My methods of gaining knowledge, therefore, could not be oppressive even though ultimately I was aware that I must objectify their experiences and translate these experiences into more abstract and general terms so that I could make a link between individual experiences to processes outside their immediate social worlds (Acker et al., 1983).

The third consideration relates to discovering moral truths about myself, which Denzin (1997) indicates that my text should provide. The challenge for me was not to limit my moral perspectives to my own code of ethics, but to understand ethics and values in terms of everyday lives; "research is not the transmission of specialized data but, in style and content, a catalyst for critical consciousness" (Denzin, 1997, p. 148).

Drawing from Christians (2000), my role, therefore, was to avoid limiting the active involvement of my participants, or judging their self-understanding to be false. As researcher, this put me in the role of a person with the "power to define" (Acker et al., 1983, p. 429): the act of looking at interview data, summarizing another's life, and placing it within a context was an act of objectification, and I had to contend with how to produce analysis beyond the experiences shared, while still granting my participants full subjectivity (Acker et al., 1983). Following Lather and Smithies (1997), I therefore believe that I "walk a fine line between making a spectacle of the [NPs'] struggles, and wanting to speak quietly, with respect for all that it means to tell the stories of those who are willing to put themselves on public display in hopes that it will make it better for others" (p. xiii). I believe that I have shown respectfully the struggles and triumphs experienced by the women who participated in this study. My hope, then, is that our efforts make a difference for other groups of workers in terms of how well-being-learning connections are conceptualized, spoken about, and acted upon in organizations.

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Appendix B
Guide for Individual Interview Questions

Intention: Bring forth the participants' experiences.

1. Tell me about your role. What do you do at work?
2. Describe a time when you have felt good at work (when you were energized, ignited, inspired). What made this a positive experience for you?
3. Describe a time when you have felt tensions at work. What made this a less positive experience for you?
4. What have you learned from these experiences?

5. What does well-being mean to you? How would you describe well-being at work?
6. Describe a time when you have felt a sense of well-being at work.
7. When have you observed well-being in others? How have you been impacted by this?
8. How is your well-being nurtured and developed at work?

Appendix C
Guide for Group Interview Questions

Intention: Discuss patterns or themes of well-being identified from first interview.
Identify indicators of women's well-being in the workplace.
Explore the learning dimensions of these well-being experiences.

Group Interview Agenda

1. Review Consents
2. Review confidentiality
3. Review well-being at work
4. Review tensions at work
5. Discuss learning at work

Questions

1. In what ways do you agree or disagree with these patterns of well-being that I have identified from what you told me in the first interview?
2. Based on what we have discussed what indicates well-being?
3. In what ways is this view of well-being affected by our gender?

4. What are your thoughts about the tensions that I have brought forth from the first interviews?
5. What have you learned from these tensions?
6. In what ways can these tensions be attributed to our role as nurses making our way in a medically oriented health care system?

7. How would you define learning at work?
8. What role does learning have in your work?
9. When has it been easy for you to learn at work? What has made it easy?
10. What was it about this experience that made you feel good about yourself? Why is this important to you?
11. When has learning at work been problematic for you? What made it problematic?
12. How does it tie to your sense of well-being?
13. How have you learned to balance the tensions between your role responsibilities and the drive for continuous learning?
14. Is there such as thing as 'negative' learning at work? How would you characterize it? How would you explain it?
15. What effect does it have on us?

Appendix D
Reflective Journal Entries

Written suggestions for reflective journal given to participants during each interview (choose one or two or none of these):

Individual Interview:

- What were your initial thoughts about a study on well-being in the workplace?
- Any new thoughts about your own well-being that have occurred since the interview.
- What made you want to participate in this study?
- What were your thoughts about/during the interview? Reflections about this interview.
- What is important about a study related to well-being in the workplace?
- How is your personal well-being linked to different activities in your life?
- Are there other questions that should be asked?

Group Interview:

What tensions do you experience between life and working?

- How do they impact your well-being?
- How have you learned to balance these tensions?
- In what ways are these tensions affected by your gender?

What is well-being to you?

- How do you define well-being?
- How do you know when you are well?
- How do you help others?

Appendix I
Transcriber Confidentiality Agreement

Project title: The Lived Experience of Well-Being and Learning in Organizations: The Stories of Women

I, _____, as a transcriber, have been hired to transcribe into written form audio recordings from 10 to 14 interviews for Karen Foss who is conducting the above named study as a graduate student at the University of Alberta.

I agree to:

1. keep all the research information shared with me confidential by not discussing or sharing the research information in any form or format (e.g., disks, tapes, transcripts) with anyone other than the *Researcher(s)*.

2. keep all research information in any form or format (e.g., disks, tapes, transcripts) secure while it is in my possession.

3. return all research information in any form or format (e.g., disks, tapes, transcripts) to the *Researcher(s)* when I have completed the research tasks.

4. after consulting with the *Researcher(s)*, erase or destroy all research information in any form or format regarding this research project that is not returnable to the *Researcher(s)* (e.g., information stored on computer hard drive).

_____	_____	_____
(print name)	(signature)	(date)

Researcher

_____	_____	_____
(print name)	(signature)	(date)